



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

## Issued by the Chief Inspector

Name of designated centre:	Adult Respite
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	11 December 2023
Centre ID:	OSV-0001841
Fieldwork ID:	MON-0032949

## About the designated centre

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

Adult Respite Service is located on the outskirts of a town in County Longford. The centre can accommodate up to six residents in total. The service provides residential and planned respite care to a number of residents, both male and female, and can accommodate emergency admissions. The centre is a large dormer style bungalow located in a quiet housing estate. On the ground floor, there is a bright entrance hall, four bedrooms, of which two are en-suite, an accessible large kitchen and dining area, a sitting room and a snug/relaxation area. It also has a self-contained apartment located in the side annex of the house that has one bedroom, bathroom and kitchen/living area. The main bathroom of the house has a Jacuzzi bath and shower facilities. There is an accessible sensory garden and outdoor seating area at the back of the residence. Residents have access to local amenities such as shops, bars, and cafes. There is a team of nurses, social care workers and support workers that provide support to residents on a twenty-four-hour basis.

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

Number of residents on the date of inspection:	5
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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 11 December 2023	11:30hrs to 18:45hrs	Caroline Meehan	Lead
Tuesday 12 December 2023	08:55hrs to 14:20hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

From meeting with residents, and from what the inspector observed, it was evident that residents enjoyed their break in this respite centre, and were supported with their needs by a team of staff who knew them well. Residents' time in the centre was focused around experiencing positive social opportunities, while providing a breakaway from their regular routines.

The inspection was carried out over two days, and the inspector spoke with three residents on the evening of the first day, and briefly met two residents staying in the centre. Residents talked to the inspector about their experiences of staying in the centre, some of the choices they make, as well as talking about some of the support they receive in day services.

Residents said they liked staying in the centre, and got on well with the other residents that stayed with them. One of the residents told the inspector they have a preference for a particular bedroom, and used this bedroom when they stayed in the centre. Another resident said they liked watching a particular television show, as well as going to the pub for meals. The resident also said they would be helped by staff in the coming weeks to do their Christmas shopping.

The inspector met a resident who talked about what they would like to do during their stay, the resident said they liked shopping and were hoping to go and purchase a particular model car. The resident talked about their interest in cars and football, and well as their interest in travel, and said they had gone on a city break the previous year with day services. The resident was planning another city break overseas in the coming months and was being supported by their day service to achieve this goal.

The inspector reviewed residents' records and found they were supported to identify activities they would like to do, and these activities were provided. For example, residents went out for meals, shopping, to the cinema or for drives during their stay.

Staff were observed to be respectful and kind in their interactions with residents, and knew the residents well. Residents told the inspector that the staff were good, and the inspector observed there were positive and engaging interactions between staff and the residents. Staff also ensured residents were helped to settle into the centre. For example, on arrival to the centre, staff were observed to ensure residents were provided with a snack and a drink. Afterwards staff chatted to residents about the plan for the evening, helped a resident to unpack their belongings, and provided a hand massage to the resident also.

The inspector spoke to the person in charge and to three staff members over the course of the inspection. Staff told the inspector about some of the health and social care supports provided to residents, as well as some of the measures in place to protect residents. The inspector found staff were knowledgeable on the specific

needs of residents and the required support to keep them safe. These included for example, safeguarding measures, and control measures outlined in risk assessments. Staff had been provided with training in human rights, and a staff member described examples of how this had impacted on practice by ensuring residents were given choice in activities, meals, bedrooms, and personal care preferences, and to ensure that their dignity was respected, for example, during personal care.

The centre was accessible, and while there was one bedroom located upstairs, this was only used on occasions. Residents were provided with keypads to their individual bedrooms, and could if they preferred, lock their bedrooms.

As part of the annual review the provider had sought the views of residents and family members on the services provided, and 36 questionnaires were received by the provider. Positive feedback had been received, and residents and families expressed they felt residents were safe in the centre, and their needs were being met.

The inspector reviewed six questionnaires that residents had completed with the support of staff. Residents were positive in their responses about the centre, and said they liked staying in the centre, the service was good, and that the staff knew what was important to them, and their likes and dislikes. Residents reported they get to choose what to do every day and one resident said they decided on their choices at house meetings. All residents said they had their own money to spend and could make a phone call in private, while in the centre.

Overall residents were being provided with meaningful stays in this respite centre, and support was provided by a team who knew the residents' needs well.

The following sections of the report describe the governance and management arrangements in the centre, and how these arrangements impacted on the quality and safety of care and support provided to residents.

## Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of the centre, and a full application had been received by the Health Information and Quality Authority (HIQA).

There were governance and management arrangements in place to ensure residents were provided with a good standard of care and support and the services provided were monitored on an ongoing basis. Overall there were sufficient resources in the centre; however some improvement was required in the management of the household budget. There was a full-time person in charge employed in the centre,

who was supported in their role by senior managers, and where issues arose through review and auditing processes, corrective actions had been taken.

There were sufficient staff employed in the centre, and staff had been provided with the mandatory training required to meet the needs of the residents; however, improvement was required in the provision of some refresher training.

Admissions to the centre were planned, and took into account the need to protect residents.

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

A full application was received by HIQA to renew the registration of this centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was employed on a full time basis and worked in a supernumerary capacity. The person in charge was responsible for this centre only. The person in charge had commenced in their role in November 2023, and had the required qualifications and experience to fulfil their role. The inspector met with the person in charge, who demonstrated their knowledge of the regulations and their application in practice.

The person in charge was supported in their role by a team leader on a temporary basis, and by a person participating in management. Schedule 2 documents were available as required for the person in charge

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff in the centre and staffing levels were in line with the details set out in the statement of purpose.

The provider had employed nurses, a social care worker and health care assistants in the centre. Staffing levels were based on the needs of residents. For example, the provider increased staffing levels from two staff to three staff in the morning and evening, when residents with higher support needs were attending respite. The centre was closed during the day Monday to Friday, and reopened in the afternoon

as residents were admitted to the centre, or returned from day services. There were two staff on duty in a waking capacity at night time, and if required a third staff member could be provided. At the weekends there were either two or three staff on during the day, depending on the needs of the residents, and two staff at night time.

The inspector reviewed a sample of rosters, and planned and actual rosters were maintained in the centre. Regular staff were employed, and there was one staff vacancy that was being filled by a temporary staff member.

Staff files were reviewed centrally and the inspector found that the all information and documents specified in Schedule 2 of the regulations were in place.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had been provided with training; however, some improvement was required to ensure staff had completed refresher training. One staff required refresher training in therapeutic techniques, one staff in medicine management and one staff in safeguarding. All staff had up-to-date training in fire safety.

Staff had been provided with training in human rights, and how this training impacted practice, is described in the section 'What residents told us and what inspectors observed'.

Judgment: Substantially compliant

### Regulation 21: Records

The provider maintained all records as per schedule 3 and schedule 4 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

An up-to-date insurance certificate was submitted to HIQA as part of the application to renew the registration of this centre.



Judgment: Compliant

## Regulation 23: Governance and management

Overall there were management systems in place to ensure the service provided to residents was safe and effective, and was monitored on an ongoing basis. Some improvement was required in the management of resources, to ensure sufficient funds were available for household shopping.

The provider had ensured the resources, for example, staffing, centre transport, facilities and equipment were provided; however, there had been occasions where sufficient funds were not available in the shopping account. Staff told the inspector they were not aware of the allocated household budget for shopping, and there had been occasions that there had been insufficient funds to pay for the weekly shopping.

There was a clearly defined management structure. Staff reported to the person in charge, and a team leader had been appointed a number of months previous, to support an outgoing person in charge as they assumed additional responsibilities. The team leader post was due to expire at the end of January 2024. In the meantime a new person in charge had been appointed in the centre.

The person in charge reported to the residential coordinator, who reported to the residential and respite manager, and onward to the chief executive officer. Staff meetings were facilitated every four to six weeks, and the person in charge met the residential coordinator on a quarterly basis.

There was ongoing review of the services provided, and a schedule of audits for the year was available. The inspector reviewed a sample of audits completed, and where issues had been identified actions were completed. For example, a fire safety audit identified the need for magnetic locks in two bedrooms to be fixed, and this was completed.

An annual review of the quality and safety of care and support had been completed for 2022, and had included consultation with residents and relatives. The inspector reviewed the two most recent six monthly unannounced visits by the provider, and all actions were found to be complete. For example, the risk register and risk assessments were updated and available, a snug room had been developed in the centre, incident analysis were completed on a quarterly basis, and a night time fire drill had been completed.

Staff told the inspector they could raise concerns with the management team about the quality and safety of care and support provided to residents, should the need arise.

Judgment: Substantially compliant

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

Admissions to the centre were based on the criteria set out in the statement of purpose, and admission procedures took into account the need to protect residents.

Residents stayed in the centre for breaks, and where there were potential safeguarding concerns, these were considered and planned for. This included considering staffing levels required, as well as the overnight accommodation arrangements in line with safeguarding plans.

Residents had been provided with a contract for the provision of services, that outlined the services to be provided, the fees to be charged, and any additional charges the residents may need to pay.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had submitted a statement of purpose as part of the application to renew the registration of the centre. The statement of purpose contained all of the required information as per schedule 1 of the regulations. A minor amendment was required to the document, relating to the scope of the person in charge, and this was completed, and an updated document submitted to HIQA.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that HIQA had been notified of practices and adverse incidents in the centre as required.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had put in place the required policies and procedures as set out in Schedule 5 of the regulations. These policies were available to staff and reviewed as required.

Judgment: Compliant

## Quality and safety

Residents were provided with a good service that was based on their assessed needs and wishes, and took into account the need to protect residents. However, improvement was required to ensure medicine management practices were safe and in line with national guidance. Some improvement was required in personal planning, and some maintenance work was also required in the centre.

Medicine management policies and practices required significant improvement, specifically relating to the transcribing of medicines. The transcribing practices in the centre were not in line with national guidance, so as to assure that medicines were being administered to residents, as prescribed by a registered prescriber.

Overall the premises was clean and well maintained; however, one ensuite bathroom required work to ensure it was safe for residents to use.

Residents' needs had been assessed, and comprehensive personal plans were developed and implemented as residents availed of services in this respite centre. Some improvement was required to support a resident with developing meaningful goals.

Residents were supported with their emotional needs, and where needed safeguarding plans had been implemented in response to identified safeguarding risks. Residents were safe in the centre, and there were measures in place to ensure specific individual risks were responded to, suitable fire safety arrangements were in place, and to ensure residents' finances were protected.

The rights of residents to choose how they wished to spend their time while in respite, and to participate in decisions regarding their care and support, was respected.

## Regulation 12: Personal possessions

Overall suitable procedures were in place for the management of residents' finances.

There was a policy in place, that outlined the procedures for the management of residents' finances. Residents brought money with them for their stay in the centre,

and staff supported residents, if they needed, to manage their finances. The inspector reviewed records of finances for two residents, and accurate records were maintained. A record of all money received for residents, and all money spent by, or on behalf of residents was maintained, and receipts for purchases were available. Balances were checked by either one or two staff members for accuracy.

Where charges for residential services, including rent and utilities were payable, these were also recorded in a resident's records, in line with the contract for the provision of services.

Judgment: Compliant

## Regulation 17: Premises

The centre was overall well maintained, and was laid out to meet the needs of the residents who availed of respite services in the centre. Some improvement was required in the upkeep of premises.

The inspector was shown around the premises by the person in charge. The centre comprised a dormer style bungalow with an adjoining annex apartment. There were five bedrooms in main house, and one bedroom in the apartment. Suitable storage was provided for residents' belongings in individual bedrooms. There was a large accessible bathroom, with showering facilities, and an accessible bath was being replaced at the time of the inspection. Four of the six bedrooms had ensuite facilities; however, improvement was required in the maintenance of one ensuite bathroom. Specifically, some floor tiles were loose, and other areas needed grouting, and the person in charge discussed this with the maintenance manager during the inspection, who outlined the floor in this bathroom would need to be replaced before being used again. While this bedroom was generally not in use, the provider had applied to register this room, as part of the application to renew the registration of this centre.

The centre was accessible, and equipment was provided to help residents with their mobility needs, for example, handrails were installed in bathrooms, and a profile bed was provided.

There was a large kitchen and an adjoining dining room, and two sittingrooms were provided for residents to use. The centre was clean, and regular cleaning was recorded as completed.

There was a small courtyard area to the back of the centre, and seating was provided.

Judgment: Substantially compliant

## Regulation 20: Information for residents

A residents guide had been developed and contained all of the required information as per the regulations. The residents guide was available in the centre for residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems in place for the management of risks and incidents in the centre.

The inspector reviewed records of incidents for 2023, and follow up actions had been taken to reduce the risk of reoccurrence. For example, from a sample review of three medicine incidents, follow up actions had included the assignment of one named staff for medicine administration during each shift, and review of practices with staff members. Similarly incidents specific to residents included actions, for example, installing swipe locks to residents' bedroom doors to prevent other residents entering unannounced, and each resident had their own swipe card for their own door. Appropriate actions were taken to reduce risks to residents following safeguarding incidents.

The person in charge maintained an up-to-date risk register, and this was reviewed on a six monthly basis. Risk management plans were developed for identified risks and included the control measures to mitigate these risks. Similarly, individual risks had been identified for residents, and the measures outlined in plans were implemented. For example, a staff member described the measures to reduce a risk of the transmission of infection in response to a specific behaviour displayed by a resident, and the safety measures in place for a resident while accessing the community.

There was a new accessible vehicle in the centre, and the vehicle had up-to-date insurance.

Judgment: Compliant

## Regulation 28: Fire precautions

Satisfactory arrangements were in place for fire safety.

The inspector reviewed the premises with the person in charge, and observed that all exits were clear. There was emergency lighting installed, as well as fire doors

throughout the centre. Fire fighting equipment including fire extinguishers and fire blankets were provided, and there was a fire alarm and fire detection devices installed. All fire equipment was regularly serviced, the most recent service being completed in November 2023.

Daily and weekly fire checks were completed by staff including exits, fire equipment, and emergency lighting.

Residents' support needs had been assessed, and were set out in individual personal emergency evacuation plans. Monthly fire drills were completed and had included a night time drill, and evacuations had been completed within a satisfactory timeframe. The person in charge had ensured that all residents were given the opportunity to participate in a fire drill, and records were maintained.

The inspector reviewed the procedure for the evacuation of the centre; however, the evacuation procedure did not include the arrangement to evacuate the annex area, in the event this area could not be accessed internally. The person in charge subsequently reviewed this issue, and had made arrangements for keys to the annex to be easily accessible, and the evacuation procedure was updated to include accessing the annex externally, if required. A staff member described this procedure to the inspector on the second day of inspection.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

While there were policies and procedures for medicine management, these were not in line with best practice and national guidance. Specifically the procedure for transcribing medicines was not safe, and required significant improvement.

The provider had developed a medicine management policy and accompanying medicine management procedural guide. However, the inspector found the procedure for transcribing medicines was not in line with guidance on medicines management (HIQA, 2015), or the guidance to nurses and midwives on medication management (An Bord Altranais, 2007). Specifically, the procedure did not include arrangements for medicine prescription records to be co-signed by the registered prescriber within a specified timeframe in line with national guidance.

The procedure for transcribing medicines had been delegated to nurses in the centre, and a second staff member checked transcriptions. The inspector reviewed medicine management procedures with the nurse on duty. While medicines had been transcribed, accompanying prescriptions were not consistently available for some transcribed medicines, or in some cases did not detail the times medicines were to be administered, the prescriber's signature and number, or the specific circumstances for administration of some medicines. This included both regular medicine prescription records, and PRN (as needed) medicine prescription records and protocols. Similarly, while a second staff member checked transcriptions, and

signed an appendices, only one staff signed the medicine prescription record. This was not in keeping with national guidance.

Medicine was safely stored in a locked cupboard, and medicines were stored separately within this press for each resident. There were satisfactory procedures in place for the disposal of medicines, and medicine for disposal was recorded in a pharmacy return book, and signed by the receiving pharmacist. Self-administration of medicine assessments had been completed for residents.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and plans were developed to guide practice in the provision of care and support for residents as they availed of services in this respite centre.

The inspector reviewed two resident's files, and each resident had an up-to-date assessment of need completed. Assessments of need were completed by a nurse, and were informed by information and recommendations provided by families, as well as healthcare professionals. Detailed personal plans were developed, and included residents' support needs, for example, communication, medical, safety, nutrition, and mobility plans. Easy to read support plans had been developed for residents.

Residents were supported to develop goals, and took part in a variety of activities of their choice during their stays in respite. Some improvement was required to ensure that a resident staying in the centre on a long-term basis, was supported to identify and develop meaningful goals. While the person in charge outlined this could be informed by the person-centred plan in day services, this had not been completed to date.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and could access the services of a psychologist and a behaviour support specialist if needed. The inspector reviewed a behaviour support plan, which detailed the proactive and reactive strategies to support the resident with their behavioural needs. The plan also set out the specific stage at which the use of a PRN (as needed) medicine should be considered.

On the day of inspection, the inspector observed that staff used a combination lock to access a small sitting room; however, staff explained this was previously used as an office. As this was for residents' use, and there was the potential for this lock to be used, the person in charge arranged for the lock to be disabled by the end of the inspection. Other restrictive practices in use in the centre included, for example, the use of bedrails, PRN (as needed) medicine and a lap belt. The inspector reviewed records for the review of chemical restraint and found this had been reviewed on a quarterly basis, and more recently in October 2023 by the restrictive practice committee.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected in the centre, and measures were in place where safeguarding risks had been identified.

The provider had notified HIQA of some safeguarding incidents occurring in the centre, and safeguarding plans had been developed. A staff member described the safeguarding arrangements in place in line with the details set out in plans. The staff member also described the action to take in the event that a safeguarding incident occurred in the centre.

Most staff had up-to-date training in safeguarding, however, one staff member required refresher training. There were arrangements in place to protect residents' finances when they stayed in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were promoted as they availed of respite stays in this centre, and residents chose how they wished to spend their time in the centre.

Staff facilitated residents' meetings on the evening that residents were admitted to the centre. Residents were given the opportunity to talk about some of the meals they would like to have, and the activities they would like to do during their stay. For example, a resident did like to go shopping, and from a review of activity records, shopping trips had been facilitated, as well as walks, drives, and a meal out. Some residents had preferences of the room they stayed in, and these choices were facilitated. For example, a resident showed the inspector the room they were staying in, and said this was their preference.



Individual support plans were developed into accessible format, and subsequently discussed with residents. Residents signed these plans, as well as risk assessments, and in this regard the inspector found residents were informed about the support provided to them. Plans were based on residents' needs, preferences and choices, and consent had been received from residents for the sharing of information, and for the management of their finances following assessment. In this regard the inspector found residents consented to, and participated in decisions regarding their care and support.

Each of the residents had their own room, and magnetic locks were used by residents if they wished, for privacy. Plans were developed relating to residents personal care, and included residents' preferences and arrangements to ensure their privacy and dignity was respected.

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
<b>Capacity and capability</b>	
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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Adult Respite OSV-0001841

Inspection ID: MON-0032949

Date of inspection: 12/12/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All refresher training has now been completed. Medicine Management training is scheduled for the 1st and 4th March 2024. Staff training needs will be reviewed on an ongoing basis by the PIC.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An increase in credit limit will be agreed with the supermarket in question and communicated to staff	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The works required on the ensuite bathroom in question are scheduled for completion.	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A review of the local procedures for transcribing medication has commenced. The service has engaged with pharmacists, GP's along with a private health care provider to create a solution that will ensure all MAR's are populated by a person authorised to do so, namely a doctor, Advanced Nurse Practitioner/ Nurse prescriber, or pharmacist. This will cease the practice of nurse transcribing.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Staff have collaborated with day service and a copy of the residents person centred plan is available in the centre and staff are working to support resident to achieve his PCP goals</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	04/03/2024
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	29/02/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in	Substantially Compliant	Yellow	31/01/2024

	accordance with the statement of purpose.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	26/04/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	12/01/2024