



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 22
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	14 June 2022
Centre ID:	OSV-0005834
Fieldwork ID:	MON-0028381

## About the designated centre

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

Designated Centre 22 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities. Designated Centre 22 is intended to provide long stay residential support to male and female residents with varying levels of support needed. The centre is managed by a full time person charge, and staffed by nurses, care staff, and one social care worker.

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

Number of residents on the date of inspection:	7
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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
Tuesday 14 June 2022	08:30hrs to 16:20hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector observed information on COVID-19, hand hygiene, and use of personal protective equipment displayed at the front entrance, and masks and hand sanitising facilities were readily available.

The centre comprised two locations. The first location was a large two-storey building located on a campus setting operated by the provider. This building had been recently renovated and some of the fire doors had been upgraded. The building was found to be clean, tidy, nicely decorated, and generally well maintained. Residents' bedrooms were personalised and decorated to their tastes; and there was ample living space including an inviting garden space. The inspector observed there to be a relaxed atmosphere in the house.

The second location was a two-story building located in the community, but close to the first location. The building was undergoing considerable renovation and building works, therefore the inspector only briefly visited the location. There was front and back garden spaces, and a large garden building structure at the rear of the building that one of the residents used as an additional living space. The residents living there were in temporary alternative accommodation while their home was undergoing renovation works, and the inspector did not have the opportunity to meet them.

The inspector met five residents during the inspection. The residents did not communicate their view of the service with the inspector but appeared content in their home. On the day of the inspection, residents engaged in activities such as, swimming, going to the cinema, out for lunch, and for walks on the campus. The inspector viewed the activity plan sheets for the previous week which recorded similar activities such as, swimming, cinema, foot spa, lunch out, walks, and bus trips. The inspector observed a large visual planner board with photos and pictures to support residents in choosing activities they wanted to participate in. Three of the residents were supported by staff to go on a holiday to Cork in March 2022. The centre had access to a bus for resident to use for community outings; the bus had to be booked in advance, however, the inspector was advised that access to the bus was sufficient.

In advance of the inspection, questionnaires were sent to residents for them to share their views on the service provided in the centre. The questionnaires were completed with staff and some family members on behalf of the residents. The feedback was positive with satisfaction expressed regarding food and mealtimes, the premises, rights, visiting arrangements, activities, staffing, and complaints. Some of the questionnaires noted the activities that residents enjoyed such as art, walks, meals out, cinema, and trips to parks, beaches and the zoo. One questionnaire

noted how restrictive practices in the centre imposed on other residents and this is discussed further in the report. One questionnaire completed by a resident's family member commented that there was a "lovely relaxed and friendly atmosphere" in the centre, staff "are brilliant", and that their loved one is "very happy". The annual review, carried out in March 2022, had also consulted with residents and their families. Feedback was received from two family members and indicated that they were happy with the quality of care and support provided to their loved ones.

Sadly, there had been recent bereavements in the centre. Staff were providing ongoing assurances and support to residents, and had prepared accessible information and literature to discuss with residents to help them with their losses.

The inspector met several staff working in the centre during the inspection. The inspector observed staff engaging with residents in a warm and kind manner, and residents appeared comfortable in staff presence. The inspector spoke with one staff member, and it was clear that they knew the residents very well. The staff member described the quality of care and service provided to residents as being very high and individualised to each resident's needs. The staff member also spoke to the inspector about the infection prevention and control arrangements, health care needs of residents, fire precautions, safeguarding of residents, residents' diets, and raising concerns.

From what the inspector was told and observed during the inspection, it appeared that overall, residents received a good quality service and were supported in line with their needs and personal preferences. The inspector also found practices that promoted a human rights based approach to care such as involving residents in decisions about their care, educating residents about their rights, and the involvement of independent advocacy services. However, aspects of the service were found to require improvement such as the premises, fire safety arrangements, infection prevention and control measures, staff training, and implementation of restrictive practices.

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

## Capacity and capability

The registered provider had implemented governance and management systems to support the delivery of a safe, consistent and appropriate service that met the needs of the residents in the centre.

There was a clearly defined management structure in the centre with corresponding lines of responsibility and authority. The person in charge was full-time and supported in their role by a programme manager who in turn reported to a Director of Care. The management team were found to have a good understanding of the

residents' care and support needs, and had good oversight of the service provided in the centre.

The centre was operating with a full staff complement consisting of care staff, one social care worker whole time equivalent and three nurse whole time equivalents. The person in charge was satisfied that the current skill-mix was appropriate to meet the residents' needs.

Staff working in the centre completed a suite of training as part of their professional development and to support them in delivering effective care and support to residents. The inspector viewed the training records and found that some staff required training, including refresher training, in a number of areas. There were good arrangements for the support and supervision of staff. The person in charge provided informal and formal support and supervision. In the absence of the person in charge, staff reported to the programme manager and there were also on-call arrangements to avail of during out of normal working hours. The person in charge scheduled regular team meetings which also provided staff with an opportunity to raise any concerns.

The registered provider established and implemented auditing and monitoring systems to ensure that the service delivered to residents was safe and effective, including six monthly reports, annual reviews, and other audits. The audits identified actions to drive quality improvement in the centre, which were monitored to ensure progression and achievement.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives.

The inspector found that incidents occurring in the centre were reported to the chief inspector in line with the requirements of Regulation 31.

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

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. The registered provider also paid the application fee.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge commenced working in the centre in December 2021 and was

full-time. The person in charge had relevant nursing and management qualifications, and was found to be suitably skilled and experienced to manage the centre.

The person in charge had a clear understanding of the service to be provided, and was focused on the delivery of person-centred care and support to residents. The person in charge had good knowledge of the regulations and standards pertaining to the Health Act 2007, as amended.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to the assessed needs of the residents. The staff skill consisted of nurses, care staff, and one social care worker. There were no vacancies. On the day of the inspection, there was also a student nurse working in the centre as part of a twelve week work experience placement.

The person in charge maintained a planned and actual rota showing staff on duty during the day and night.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training, including refresher training, as part of their continuous professional development and to support them in the delivery of appropriate care and support to residents. The person in charge maintained staff training records. Staff were found to require training, including some refresher training, in the areas of fire safety, management of behaviour of concern, infection prevention and control, food hygiene, manual handling, and in supporting residents with modified diets. The person in charge had scheduled some of the outstanding training and was arranging for the remainder to be scheduled.

The person in charge was based in the centre and worked between the two locations to provide support and informal supervision to staff. The person in charge also provided formal supervision to staff on a quarterly basis and maintained records of the supervision sessions. Staff spoken with advised the inspector that they were very happy with the level of support and supervision they received.

Judgment: Substantially compliant



## Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to ensure the effective delivery of care and support of residents. The premises were undergoing considerable renovation works to ensure that they met the needs of the residents.

There was a clearly defined management structure with defined roles and lines of responsibility and authority. The management team had established systems for the sharing and escalation of information. The management team were found to have a rich understanding of the residents' care and support needs, and had good oversight of the service provided in the centre.

The registered provider had implemented systems to ensure that the service was safe, consistent, and monitored on an ongoing basis. The registered provider carried out six-monthly reports and annual reviews on the quality and safety of care and support provided to residents, and audits had also been carried out on infection prevention and control, safeguarding, and risk management. Actions for quality improvement were monitored by the person in charge to ensure progression and completion.

In addition to the formal and informal support and supervision arrangements, staff also attended team meetings which provided an opportunity to raise concerns. Staff members spoken with advised the inspector that they felt comfortable raising any concerns.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised and was available to residents and their representatives.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had notified the chief inspector of incidents occurring within the centre as per the requirements of regulation 31. The incidents were notified in the required format and all necessary information was submitted.

Judgment: Compliant

## Quality and safety

Residents' wellbeing was maintained by a good standard of care and support. However, the inspector found that improvements were required in the areas of restrictive practices, premises, infection prevention and control measures, and fire safety systems.

The premises comprised two separate buildings; one located in the community and one located on the provider's campus. The inspector briefly visited the community based building, however, as it was undergoing extensive renovation works did not complete a full walk-around. The campus based building had been recently renovated, and provided adequate facilities with sufficient private and communal space. However, some areas, including the bedrooms, bathrooms, living area, and kitchen, required upkeep and renovation. Most of the premise issues had been reported by the person in charge to the provider's maintenance department.

There were good arrangements to protect residents from the risk of healthcare acquired infections. Written infection prevention and control (IPC) policies and procedures, and information from public health were readily available to staff. The person in charge had also completed risk assessments on a range of IPC matters, and an IPC and hygiene audit had been carried out which identified actions for improvement. The COVID-19 contingency plan detailed the relevant resources available to the centre. IPC was a regular agenda item discussed at staff and resident meetings. Staff spoken with had completed IPC training, and had a good understanding of the IPC topics discussed. There were arrangements to prevent cross contamination of infection, however the inspector observed some practices that posed a potential risk.

There were good risk and incident management arrangements in the centre. The person in charge had good oversight of the risks presenting in the centre and had completed a suite of risk assessments with clear control measures. Incidents occurring in the centre were found to have been reported, recorded, and reviewed to identify any potential learning to reduce the likelihood of incidents reoccurring.

The provider had implemented fire safety precautions and systems. Fire evacuation plans had been developed to guide staff in supporting residents to safely evacuate, however some minor amendments were needed. Fire drills had taken place to demonstrate that residents could be safely evacuated. Staff were required to complete fire training, and staff spoken with could describe the fire evacuation procedures. The fire detection and fighting equipment was serviced on a scheduled basis, and staff were also completing daily fire safety checks. The fire panel in one of the buildings was not addressable and the provider had a comprehensive plan in place to upgrade it. The inspector was not assured that the fire containment

measures were sufficient, and requested the provider to review them.

Residents' healthcare needs had been assessed and informed the development of associated care plans. The inspector viewed a sample of the residents' health care plans. The plans were up-to-date and readily available to staff to guide their practice. Residents had good access to multidisciplinary team services and had also been supported to avail of national health screening programmes.

Up-to-date feeding, eating, drinking, swallow plans had been prepared for residents with modified diets, and daily food and fluid intake records were recorded for some residents to ensure that they received appropriate amounts. The staff team were encouraging residents to be involved in preparing, cooking and choosing their meals, and there was information for residents on healthy meals. There was a good variety of food and drinks for residents to choose from. The kitchens were adequately equipped, and storage facilities and appliances were clean.

The inspector viewed five residents' communication plans. The plans were developed by staff in the centre and had been recently updated. Positive behaviour support plans were developed for residents as required, and were easily accessible to staff to guide them in effectively supporting residents with their behaviours. The arrangements for the implementation of restrictive practices used in the centre required improvement as it was not clear how some of the restrictions were implemented with the consent of residents or their representatives. The impact of restrictions on other residents in the centre also required further consideration from the provider.

The provider and person in charge had established systems to safeguard residents from abuse. Staff completed safeguarding training to support them in appropriately responding to concerns. Safeguarding concerns were reported and screened, and where required safeguarding plans were developed. There was also easy-to-read information on safeguarding to aid residents' understanding of protection.

Overall, it was found that the provider and person in charge were promoting a human rights based approach in providing care and support to residents. Residents were involved in decisions about their care and had choice in their daily lives. Human rights were a standard agenda item at resident meetings and discussed to support residents' awareness and understanding. There was also easy-to-read information for residents on national standards, advocacy, capacity, and complaints.

## Regulation 10: Communication

Communication plans were developed for residents outlining the supports they required in communicating. The plans viewed by the inspector had been recently reviewed and were readily available for staff to follow.

The registered provider had ensured that residents had access to different media forms and there was Wi-Fi in the centre. Some residents used electronic devices

such as tablets and televisions to contact loved ones and stream entertainment.

Judgment: Compliant

### Regulation 17: Premises

The premises comprised two homes, one in the community and one on the provider's campus; the inspector briefly visited the community based home but due to the building works could not complete a full walk-around.

The campus based home was bright, clean, and generally well maintained, however some areas required attention. The bedrooms were single-occupancy and decorated to the residents' individual tastes. There was sufficient storage, however, the wardrobes in some rooms were worn and required upkeep. There was sufficient indoor and outdoor communal space for residents to use. Residents' laundry was sent to a laundrette on the campus, however, a washing machine had been sourced and was due to be installed in July 2022 for residents to wash their clothes in their home.

The provider had identified that the main shower room required renovation and had planned to renovate some of the flooring and tiling. Attention was also required in the other bathrooms, for example, in the upstairs bathrooms, there were holes in some tiles that required filling, and grouting was needed between some tiles. The chip board behind the cubicle toilets was also damaged. Flooring in the upstairs living area and the kitchen presses were also slightly damaged.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals if they wished. Staff cooked the meals in the centre and residents were encouraged to participate. Team meetings minutes reflected discussions on supporting residents in shopping, cooking, choosing meals, and preparing balanced meals. There was also information for residents on healthy meals. Residents planned their meals on a weekly basis and used a visual menu planner that they could refer to. The inspector observed a good variety of food and drinks in the centre to choose from. The kitchens were well equipped, and the appliances such as fridges, microwaves, and blenders were clean.

There were up-to-date feeding, eating, drinking, swallow (FEDS) plans for residents with modified diets. The plans were available to guide staff in supporting residents, and daily food and fluid intake records were maintained for some residents to

ensure that they were received appropriate amounts.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had implemented arrangements and procedures for the management of risks and hazards, and incidents occurring in the centre. The arrangements and procedures were underpinned by policies prepared by the provider.

The person in charge had completed a wide range of risk assessments for the centre, including assessments on behaviour of concern, unexpected absence, choking, abuse, infection prevention and control matters, fire, medication variances, and falls. The person in charge reviewed the risk assessments as required, and ensured that the associated control measures were in place to reduce the risks. The provider had carried out a risk management audit in December 2021, to monitor the arrangements in place and had identified some areas for improvement to strengthen the arrangements.

The inspector found that incidents occurring in the centre were recorded and appropriately investigated. Incidents were also reviewed at staff team meetings to identify any potential learning to reduce the likelihood of incidents reoccurring.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had adopted procedures to protect residents from the risk of healthcare associated infections. The provider's written policies and procedures on infection prevention and control (IPC) matters, including COVID-19, and public health information were readily available to staff to adhere to. The person in charge had completed risk assessments on a range of IPC matters such as COVID-19, management of soiled laundry, use of sharps, legionella, and use of cleaning chemicals in the centre. An IPC and hygiene audit had been carried out to monitor the effectiveness of the associated arrangements and measures.

There was a COVID-19 contingency plan to be followed in the event of a suspected or confirmed case of COVID-19; the person in charge completed a self-assessment tool to test the contingency plan and was satisfied with the arrangements in place.

Infection prevention and control (IPC) was a regular agenda item discussed at staff team meetings to ensure that staff were aware of IPC measures and updates, for example, at the team meeting in May 2022, the team discussed the findings of an

IPC audit, cleaning arrangements, and COVID-19 restrictions. IPC was also discussed at residents' meetings, for example, in April 2022, the residents were advised on the use of personal protective equipment (PPE) and good hand hygiene.

Staff spoken with told the inspector about their IPC training which included hand hygiene, use of PPE, and standard precautions. The staff member also spoke about the management of soiled laundry, needle stick injuries, and how COVID-19 was managed, for example, adherence to public health guidance, staff and resident symptom checks, use of PPE, cleaning regimes, and vaccinations.

Some practices and arrangements in the centre require enhancement to meet optimum IPC standards, for example, the inspector observed razors used by residents in a communal bathroom which posed a potential risk of cross contamination of infection, and not all toilets had adequate waste receptacles.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had ensured that fire safety management systems were in place in the centre, however some improvements were required.

The fire equipment was regularly serviced, and staff also completed daily fire checks. The fire panel in the campus based location did not alert staff to identify the exact location of fire, should it occur. The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. The fire doors in this location had been recently upgraded; the inspector checked some of them and they closed properly. However, the inspector was not assured about the adequacy of the fire containment measures from the kitchen into the dining area and requested the provider to review these measures.

Minor amendments were required in the fire evacuation plans in relation to the steps to be followed in the event of the alarm activating, and to ensure that information in plans were consist in detail. Fire drills had taken place in both locations, including recent drills that demonstrated that residents could be evacuated with night time staffing levels. Staff spoken with had participated in fire drills and could describe the fire evacuation procedures.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider had ensured that the health care needs of residents were being well supported. Residents had access to a general practitioner, as well as a variety of other multidisciplinary supports including speech and language therapy, psychiatry, social work, and clinical nurse specialists. Residents were also supported to avail of national screening programmes such as bowel checks.

Some residents were in receipt of palliative care and their needs were supported with input from a clinical nurse specialist.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to support residents with their behaviours of concern. Positive behaviour support plans developed as required, and were readily available to guide staff practice. Staff were also required to complete positive behaviour support training to enhance their skills in this area.

Some restrictive practices were implemented in the centre including environmental and physical restrictions. The restrictions were authorised and reviewed by the provider's group for oversight of restrictions, and were been recorded to ensure that they were in use for the least amount of time necessary.

The inspector found that some residents' representatives had been consulted with about the use of restrictions and did not oppose their use. However, it was not clear that other restrictions had been implemented with the informed consent of each resident or their representative. Furthermore, the impact of restrictions implemented in the centre on other residents required further consideration and consultation by the provider.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider had implemented good systems and arrangements to protect residents from abuse. There were procedures for the management of safeguarding concerns, and the inspector found that concerns were appropriately reported, recorded and screened. Safeguarding plans were developed as required. Safeguarding incidents and concerns were also discussed at team meetings to identify possible learning. A comprehensive safeguarding audit was carried in the centre, in June 2022, to ensure that the procedures were properly implemented.

Staff working in the centre were required to complete training in relation to safeguarding residents and in the prevention, detection and response to abuse. Staff spoken with were aware of the safeguarding procedures. Residents were also provided with easy-to-read information on safeguarding to support them to develop the understanding to support self-care and protection.

Intimate and personal care plans were developed for residents where required, to ensure that they were supported in this area in a manner that respected their dignity and bodily integrity.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had ensured that the centre was operated in a manner that respected the rights of residents. Although one of the homes was located on a congregated campus, the provider and person in charge were promoting a human rights based approach to residents' care and support.

Residents were involved in decisions about their care and support, and could exercise choices in their daily lives, for example, their meals, daily routine, and activities.

Residents attended house meetings which provided a forum for residents to make choices, share information, and participate in the running of the centre. Human rights were discussed at meetings, and a different right or principle, for example, fairness, respect, equality, dignity, and autonomy, was discussed at each meeting to support resident awareness and understanding.

There was also easy-to-read information for residents on national standards, advocacy, capacity, and complaints. The person in charge had made a referral to the national advocacy service and the speech and language department to support one resident to make a decision about their health care.

The registered provider had ensured that each resident's privacy and dignity was respected and upheld. Each resident had their own bedroom, and there was adequate communal living space. Residents' personal information was securely stored to protect their privacy.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 22 OSV-0005834

Inspection ID: MON-0028381

Date of inspection: 14/06/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All core competencies will be completed by 30/9/22.            Fire Safety – 3 staff outstanding, booked for 8th Aug and 29th Aug.            Manual Handling – 3 staff outstanding – will be completed by 31/8/22            IPC – 6 staff outstanding – booked for 17th Aug and 21st September            Food Hygiene – will be completed with in-house area specific training before 30/9/22.            FEDS Training – 6 staff outstanding – Theory will be completed by 30/8/22 and then in-house area specific practical training will be carried out in Sept 2022.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All outstanding issues have been addressed with Technical services.            Home improvement team have been assigned to complete outstanding issues including new flooring upstairs, tiling, kitchen upgrade, toilets upgrade and replacement wardrobes. All of these works will be completed by 31/1/2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>IPC practices in the Centre have been enhanced.</p> <ol style="list-style-type: none"> <li>1. All personal care items stored in residents bedrooms. Cross contamination and storage of razors discussed at each handover.</li> <li>2. All toilets have been fitted with appropriate waste receptacles.</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. The registered provider has a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on campus.</li> <li>2. On 24/6/22 the Fire Officer carried out review of hatches in both kitchens in the Designated Centre. Following full service review all hatches will be upgraded with Fire Doors of 30minute protection or the hatches will be closed up. This will be completed by 15/10/2022.</li> <li>3. Relevant PEEPs have been upgraded with amendments to steps to be followed in the event of the alarm activating.</li> </ol>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> <li>1. All residents and their representatives are consulted about use of restrictions in their behavior support plan. This is documented and confirmed with PIC at regular Restrictive Practice Committee reviews.</li> <li>2. Impact of restrictions on other residents has been reviewed in one home. Adaptations have been proposed to restrictive practice area used and are for review at next Restrictive Practice Committee review, this is scheduled in August 2022. Changes made will remove impact on other resident in the home.</li> </ol>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2022
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	31/01/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	22/07/2022

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	15/10/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	22/07/2022
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the	Substantially Compliant	Yellow	31/08/2022

	personal planning process.			
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