

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

Issued by the Chief Inspector

Name of designated centre:	Steadfast House Respite Service
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	13 November 2024
Centre ID:	OSV-0001632
Fieldwork ID:	MON-0036747

About the designated centre

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

Steadfast House Respite Service is a five bedded home, established in 2010, situated outside a town in Co. Monaghan. Steadfast House Respite Service can accommodate a maximum number of four adult residents per night. The centre provides care for people with low, medium, high and maximum dependency needs. The range of needs that the centre intend to meet for residents are intellectual disabilities including those with complex care needs and physical and/or sensory disabilities. It consists of five bedrooms including two en-suites; bedroom five has an overhead hoist fitted that links to the main bathroom. It also has a kitchen dining area, sitting room and a back kitchen. Steadfast House Respite Service has its own garden to front and back of house, with tiled patio area at back of house with outdoor seating provided. The staffing arrangements include nurses, a social care worker and health care assistants and the staffing rosters are planned in accordance with admissions to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 13 November 2024	10:00hrs to 18:40hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre provided a respite service for up to 60 adults in the region, and four residents could stay in the centre at any one time. The inspection took place over one day, and was facilitated by the person in charge. Overall residents were provided with good quality of care and support, and were facilitated to make choices about how they preferred to spend their time during their break in respite.

The centre was a single storey bungalow, and was located on the outskirts of a large town. The premises was laid out to meet the needs of residents who availed of respite services, and the centre had its own transport. The centre was fully accessible, with ramps to the front and rear of the property, and assistive equipment was provided as needed. The centre was nicely decorated, warm and welcoming, and both residents staying in the centre on the day of inspection seemed comfortable in their surroundings.

Residents chose the bedroom they would like to stay in when they arrived on the first night of their stay, and there was plenty of storage for their belongings, as well as televisions in each room. The inspector observed that residents liked to spend time in either the kitchen or adjoining sitting room, and on the evening of inspection staff were observed to help them unpack their belongings.

The inspector met with the two residents, and while the inspector was not familiar with some of the communication methods they used, they indicated some of the activities they would be doing during their stay. For example, one resident showed the inspector they wanted to get a takeaway, and showed the inspector the choice they had made, using pictures available on the takeaway menu. They also indicated using 'thumbs up' gestures that they liked staying in the centre, they got on well with other people staying there, the food was good, and they had chosen the room were staying in for their break. The resident also showed the inspector the goals they wanted to achieve for their stay, including going bowling, going for a walk, and watching a movie with animals in it.

A staff member told the inspector about how they supported another residents with making choices, and what was important for the resident. For example, the resident always liked to go out and buy a magazine, and staff supported the resident to do this.

From reviewing records of goals developed with residents, it was clear that these were individualised to residents' preferences. Some residents liked to take part in community activities, for example going to the cinema, bowling, walks, shopping and drives. For others, they preferred to take it easy in the centre, for example, get a takeaway, relax in their room, watch movies, watch a match on television or spend time on their phones. The person in charge explained that, some residents really liked the break from their usual routines, and as a result they could choose to stay in the centre and take a day off from day services during the week if they

wanted. Staffing levels had been increased in October 2024, which meant this choice was available to all residents staying in the centre.

The person in charge and the staff team knew the residents well, and described a range of supports provided to residents, including healthcare, social, and personal supports. Good communication was maintained between families and the staff in the centre, and between allied healthcare professionals and the staff team.

Staff were observed to be kind and respectful when chatting to residents, and there was a relaxed and sociable atmosphere in the centre. Four questionnaires were received from residents, and residents stated in questionnaires they were happy with the service they received in the centre, they make their own choices and decisions, they feel safe in the centre, and staff in the centre know what is important to them.

Overall the inspector found residents were enjoying their time they spent in this respite centre, and were supported by a staff team that knew them well, and safely and sensitively supported them with their needs.

The next two sections of the report outlines the governance and management arrangements, and how these arrangements impacted positively on the service residents received in the centre.

Capacity and capability

This announced inspection was carried out following an application by the provider to renew the registration of this respite centre. Four adults could be accommodated in the centre at any one time. The provider had ensured the service provided to residents was safe and effective, and was monitored on an ongoing basis.

There were sufficient resources provided in the centre including satisfactory staffing levels, transport, and assistive equipment. Some improvement was required in the provision of staff training, and in some works to the premises. Notwithstanding this, staff were knowledgeable on the needs of the residents and on the supports they required.

Staff were effectively deployed to ensure there were sufficient levels to keep residents safe, and to ensure they had a meaningful and enjoyable breaks in this respite centre.

Since the last inspection the governance and management arrangements were well established, and robust oversight procedures were embedded into practice. There was a focus on continual improvements in the centre, including upgrades to the premises, the rolling out of an increased respite service over 50 weeks of the year, as well as addressing issues through action plans as they arose in the centre.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre, and the person in charge had the necessary knowledge and experience for their role.

The person in charge worked Monday through to Friday, and was responsible for this centre only. The person in charge had been in their post since October 2023. The person in charge was a registered nurse in intellectual disability, and had a management qualification. The person in charge facilitated the inspection, and knew the residents and their support requirements well.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff numbers employed in the centre, and the staff team comprised of, the person in charge, nurses and healthcare assistants. Staffing levels had increased since October 2024. This was due to the service increasing respite provision from approximately three weeks per month to 50 weeks per year, and there were 5.5 nursing posts and three healthcare assistants posts assigned to the centre. There were no staff vacancies, and a regular relief nurse was employed to cover shifts when planned or unplanned leave arose.

The inspector reviewed a sample of rosters over a three month period and consistent staff had been provided. Since the change in staffing levels, there were now two staff on duty all day, and the centre did not close during the day. This meant that if a resident was unwell, or chose to spend their time in respite rather than going to day service, they could do so in the centre. Staff also outlined how the change of hours allowed for improved preparation for admissions, as well as supporting residents with their goals. There were two staff on duty at night time, one in a sleepover capacity and on a waking capacity. At times, staffing during the afternoon was increased to three staff, for example, for a social outing. Alternatively, the number of residents staying in the centre reduced to accommodate the specific needs of residents, in line with stated requirements.

Nursing support was provided 24 hours a day.

The inspector reviewed two staff files, and all records as per schedule 2 of the regulations were available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised appropriate to their role and most training as per residents' needs had been completed.

The person in charge worked in the centre daily, and supervised the day-to-day care and support provided to residents as they stayed in the centre. There was a schedule of staff supervision meetings, and staff told the inspector these meetings were facilitated quarterly in line with the stated arrangements.

Staff had completed mandatory training in fire safety, managing behaviour that is challenging, and safeguarding, and had also completed Children First, and therapeutic responses to behaviours of concern. One new staff was scheduled to complete fire training in the coming weeks. Nurses were responsible for the administration of medicines; however, healthcare assistants had also completed training in medicines management as well as the administration of rescue medicines.

In addition, all staff had completed training in food safety, basic life support, manual handling, assisted-decision making, and a four-module online training in human rights. All training related to infection prevention and control was in date. A number of staff required training in feeding, eating, drinking and swallowing, specific to individual resident risks and needs.

The person in charge reviewed staff training requirements on a monthly basis, and maintained up-to-date records on training completed, and of dates training was due.

Judgment: Substantially compliant

Regulation 22: Insurance

There was up-to-date insurance for the centre, and a copy of the insurance cover had been submitted to the Chief Inspector as part of the application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in this centre were established and consistently implemented since the last inspection. This meant that residents were receiving a safe and effective service that was monitored on an ongoing basis, and the resources and systems were effective in delivering this respite service.

There were sufficient resources in the centre, and these resources had been reviewed in line with changing service provision. Resources included increased staffing levels, a well maintained premises overall, providing assistive equipment, a household budget, and a centre bus. Most staff training was complete.

There was a clearly defined management structure, and staff reported to the person in charge. On the days the person in charge was not on duty, a nurse took responsibility for the management of the shift. The person in charge reported to a member of the board of directors. Two staff members told the inspector the person in charge was very approachable, and they could raise concerns about the quality and safety of care and support residents receive, and concerns would be acted upon.

There were systems in place to ensure the service provided was safe and effective, and included assessment and planning for residents' needs, implementing relevant control measures in response to risks, the safe receipt and storage of medicines, and appropriate fire safety, safeguarding, and incidents and complaints management.

Since the last inspection, the provider had ensured the centre's Quality Improvement Plan (QIP) was effectively implemented and recorded. This meant that there were clear actions documented in response to any improvements identified through audits and reviews, and actions were subsequently recorded as complete. This meant the board of directors had clear written communication at board meetings, on the actions being taken, and the progress or outcomes of actions. The inspector reviewed the two most recent QIP's, and most actions were completed within the timeframe stated. One action relating to a training for a new staff was recorded as overdue; however, the required training was found to be arranged on the day of inspection. The person in charge forwarded the QIP to a member of the board once updated every month.

There was ongoing monitoring of the services provided, including reviews and audits. The inspector reviewed a sample of audits including financial, medicine management, safeguarding, and complaints, and where issues arose, the actions taken were recorded. For example, actions relating to medicines management mainly arose at the times of admissions, and actions were taken at that time to rectify, for example, labelling errors. One issue had arisen regarding a finance record, and the person in charge had addressed this issue.

An annual review of the quality and safety of care and support had been completed by the provider in January 2024 and the views of families had been sought as part

of this review. The views of residents' and families were also sought by the provider through annual questionnaires, and 26 provider questionnaires had been received in the centre. Some recommendations had been made following this review, and the inspector found these were implemented. Six monthly unannounced visits had been completed in November 2024 and in April 2024, and all actions were complete, including for example, completing pre-screening calls with families before admissions, and transition planning for new residents who will be availing of respite services in the coming months.

The person in charge met with the member of the board every one to two months, and these meetings included reviewing progress on audit actions, staffing requirements, training needs, budgets and safeguarding. The person in charge also met with the area respite coordinator to review respite needs within area. Respite needs were subsequently reviewed at monthly staff meetings, to ensure that respite breaks were arranged around the needs and safety requirements of residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that contained all of the information as per schedule 1 of the regulations, and the statement of purpose had been updated recently.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy in the centre on complaints management, and easy-read information was displayed on a noticeboard, on how residents could make a complaint. The person in charge was the complaints officer for the centre, and the provider had nominated a person to review all complaints and keep records of all complaints made.

The inspector reviewed the complaints log, and two complaints had been received. In both cases the complaints had been investigated, and the outcome of the complaints in terms of the complaint satisfaction recorded. Complaints were audited on a quarterly basis.

Judgment: Compliant

Quality and safety

Residents were provided with a good quality of care and support. Residents' needs had been assessed and plans were implemented based on the wishes of residents, their needs, as well as recommendations made by healthcare professionals.

Residents' healthcare needs were provided for, and residents were safely and comprehensively supported. There was ongoing engagement with families and healthcare professionals to ensure residents were receiving care based on their identified and emerging needs.

Residents chose how they wanted to spend their break in the centre, and developed goals with the support of staff, including community activity goals. The views of residents were also sought in terms of changes they would like to see in the centre, and residents were given information about their rights, as well as about self-protection and safety in the centre.

Some works were needed in the utility and kitchen, however, overall the centre was clean, comfortable and well maintained. There were safe and suitable practices relating to fire safety, risk and incident management, medicines management and the protection of residents.

Regulation 13: General welfare and development

Appropriate care and support was provided to residents as they availed of respite stays in this centre, and this was based on residents assessed needs and wishes.

Residents chose how they wished to spend their stay in the centre, and staff met residents on the evening of their first stay to set goals. Residents could also choose to continue with their day services, or if they preferred to take time off, and be supported by staff in the centre.

The inspector reviewed goals for four residents, and three to four goals were developed, and records kept on how goals were implemented, and if appropriate residents signed off on these goals once achieved.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was suitable for its intended use, as a respite service, and was

clean and well maintained. Some improvements were required in the kitchen and utility room.

The centre could accommodate four residents at any one time, and individual bedrooms were provided. Bedrooms were comfortable, with sufficient storage facilities for residents' clothing and possessions. Two bedrooms had ensuite facilities, and there was one bathroom also. Assistive equipment such as profile beds and a shower bed, were provided, and equipment was observed to have had a recent service completed. Ramps were provided to the front and rear entrances of the centre.

There was a large kitchen dining room, and an adjoining utility room. While both areas were clean and tidy, there was paint damage to the wall and ceiling, and damage to some presses in the utility, and a small amount of damage to the worktop in the kitchen.

The sitting room was beside the kitchen, and had recently been refurbished. New seating had been provided, as well as new curtains, and painting completed, and the room was homely and comfortable.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' were provided with appropriate support with their nutritional needs and dietary preferences.

Residents chose the meals they would like to have while they stayed in respite, and if needed, pictures were used to support residents in making meal choices. A resident showed the inspector the takeaway meal they had chosen for that evening, on a picture menu.

Where residents had specific dietary requirements, guides had been provided by allied healthcare professionals, for example, a speech and language therapist and a dietician, and staff had completed the recommended monitoring interventions.

There was a varied choice of food and snacks available in the centre, and residents could avail of their meals at the time that suited them.

The area where food was prepared was clean. Food storage areas were well organised, and clean, and records of fridge and freezer temperatures were maintained. Colour coded chopping boards were provided, and opened food was labelled with opening dates.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents guide in the centre and this contained information about the services and facilities in the centre, the arrangements for visits, as well as details on how residents can access inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were appropriately assessed and managed in the centre. There was an up-to-date risk management policy, and individual and centre risk management plans were available.

The inspector reviewed the risk register, and a sample of risks and the control measures. The inspector found control measures were implemented as outlined, for example, staff training in safeguarding was provided, aids and appliances were provided to support residents mobility needs, weekly vehicle checks were completed, and oxygen supply was checked weekly.

Individual risk assessments were combined with care plans, and the inspector found this was sufficient, given the provider's remit in providing respite care specifically. Individual risks assessment took into account recommendations made by allied healthcare professionals, for example, providing a bed alarm, implementing feeding, eating, drinking and swallowing recommendations, providing staff training for all staff in the administration of emergency medicine, and monitoring oxygen saturation levels.

There was an effective incident management system, and adverse incidents were reported to the person in charge, or the on-call manager out of hours. A staff member described the incident management system, including emergency responses, and escalating risks if required. The inspector reviewed incidents for 2024, and residents had been supported at the time of incidents, and with follow up reviews with healthcare professionals where required. There was ongoing review of incidents both by the local management and the board of directors.

Judgment: Compliant

Regulation 28: Fire precautions

There were safe and suitable fire safety arrangements in the centre.

The inspector reviewed the premises with the person in charge, and all exits were clearly marked and observed to be clear. There was emergency lighting, and fire doors installed throughout the centre. Firefighting 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 October 2024.

Fire safety checks were completed by staff, and included weekly alarm, and door releases, and monthly fire exits and emergency lighting checks. All records were observed to be complete for 2024.

Residents' needs in terms of evacuating the centre had been assessed, and their support needs were developed into personal emergency evacuation plans (PEEP). The inspector reviewed a sample of four PEEP's and there were sufficient staff available during the day and night to support residents to evacuate, as per their assessments. Regular fire drills were completed, including a night time drill, and from a review of records it was evident residents had been supported to evacuate the centre in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate arrangements in place for medicines management. Not all aspects of this regulation were inspected.

Medicines were securely stored in the centre, in a locked cupboard. There were robust arrangements in place for the receipt and checking of medicines. This involved checking received medicines against medicine kardexes', including type and dose of medicines, as well as the quantity received. A stock count of medicines was completed as residents were discharged from the centre. The inspector reviewed records for two residents, and all required checks had been completed. Assessments for self-administration of medicine had been completed for residents.

Prior to admissions, families were requested to inform the centre of any changes in medicines, and where changes had been made to residents prescriptions, an updated medicine kardex was requested.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met as they availed of their respite stays in this

centre.

The inspector reviewed four residents' healthcare needs. Residents' needs had been assessed by healthcare professionals, and their recommendations were outlined in healthcare plans and implemented. These included recommendations from general practitioners, consultants, speech and language therapists, physiotherapists and occupational therapists. A staff nurse took the inspector through the healthcare needs and plans for one resident, and they knew the resident's needs and support requirements well. The staff member outlined that prior to admissions, families are requested to update staff on any new healthcare concerns, as well as any changes in medicines. In addition, staff could link with the community nurse in the area, to seek information on any specific healthcare needs of residents.

Residents' healthcare needs were monitored during their stay in the centre, and where emerging healthcare risks had been identified, timely reviews had been sought, and provided by the relevant allied healthcare professional.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and staff had been provided with training in positive behavioural support and in therapeutic interventions.

Behaviour support plans and guidelines were in place for residents who required these, and input had been provided by a behaviour support specialist if required. The person in charge had also sought timely reviews with multidisciplinary team members, where residents were experiencing a change in their emotional needs. Behaviour support plans guided practice on how best to support residents in times of distress, and plans had been reviewed as needed.

There were some restrictive practices in use in the centre, and these related mainly to individual mobility and medical needs. There was clear documentation on the rationale for use of restrictions, and family consent had been received.

Judgment: Compliant

Regulation 8: Protection

Residents were protected as they availed of respite services in this centre.

The Chief Inspector had been notified of some safeguarding incidents in the centre. The inspector reviewed the safeguarding actions taken, and for five of these incidents the risk had been mitigated. One recent incident involved the development

of safeguarding measures, and the inspector found these measures were implemented, and that staff were aware of the actions to take to mitigate risks. Safeguarding incidents had been appropriately reported, and safeguarding incidents and practices were subject to ongoing review, as part of the provider's oversight procedures.

All staff had been provided with training in safeguarding and in Children First.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices about their stay in respite, and these choices were the basis of how the centre was organised on a day to day basis.

Since the increase in staffing levels, residents could now choose whether they wanted to stay in respite during the day, or go to their day service. The person in charge explained that for some residents it was important to them to have the experience of a break or holiday if they wished, when they stayed in the centre. For residents who had chosen to stay, they made plans for the day, and had been supported by staff with their goals. For example, one resident had wanted to go to a particular shop in Dundalk, for Christmas wool, and staff supported them to do this.

Staff met with residents individually on admission, and discussed goals they would like to achieve during their stay, including social, skills based, or personal interest goals. A staff member described how they support residents through non-verbal means, including using picture choices of meals. Residents' meetings were also held during residents stays, and staff had talked to residents about, for example, fire safety, safeguarding, complaints procedures, residents' rights, trips residents would like to go on, and any suggestions for improving the centre.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Steadfast House Respite Service OSV-0001632

Inspection ID: MON-0036747

Date of inspection: 13/11/2024

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>The PIC of the designated center will review the training matrix for both SN & HCA and have staff complete the relevant site-specific training.</p> <p>1 x new staff member has now completed their outstanding mandatory fire training (03/12/24) as per training requirements.</p> <p>All staff have now completed feeding, eating, drinking and swallowing training on HseLand as per recommendations post inspection. A copy of these certificates is available in the staff training folder on site.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Painting repairs to the utility room have been completed on 23/11/24 post inspection as per report (damage to wall and ceiling).</p> <p>The utility presses and kitchen worktops have been measure for fitting of replacements during closure period (23/12/24-06/01/25).</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	31/12/2024
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	31/01/2025