



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

## Issued by the Chief Inspector

Name of designated centre:	Kare DC13
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	31 July 2024
Centre ID:	OSV-0005750
Fieldwork ID:	MON-0036221

## About the designated centre

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

Mansfield is a detached bungalow located near a town in Co. Kildare in close distance to local amenities. Each person residing in the home has their own private bedroom with en-suite bathroom. Mansfield provides a home to a maximum of three male and female adults with in intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in the house. Residents are supported by social care workers and assistants.

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

Number of residents on the date of inspection:	3
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## How we inspect

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 31 July 2024	09:00hrs to 17:00hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, residents were supported to enjoy a good quality of care in this centre. This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The findings of the inspection were positive with the inspector finding the provider was responsive to the changing needs of residents. Improvements were required under regulation 5: assessed needs and personal plans and regulation 7: positive behaviour supports.

The inspection was facilitated by the person in charge for the duration of the inspection and for periods of the inspection by the operations manager, who was appointed by the provider as a person participating in the management (PPIM) of the centre. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspection found high levels of compliance with the regulations and standards. The inspector found that the provider and person in charge had responded to rapid changes in one resident's assessed needs by implementing increased staffing and adapting the designated centre to the fullest of their ability in order to ensure that each residents assessed needs could be met in a safe and meaningful manner. However, the inspector found that this did not mitigate fully the risk presented in the designated due to the changing needs of residents and the suitability of the designated centre to suitably meet these needs. The inspector observed an increase in the use of restrictive practices in the designated centre in order to maintain safety for all residents.

The centre is located in a housing estate in Co. Kildare. The premises is a one-storey bungalow and consists of three bedrooms, each one equipped with an en suite, staff office, kitchen with a dinning area and living room. The centre has a garden area to the front and the back of the premises, with the back garden furnished with a table and chairs. The centre was located close to many services and amenities. The designated centre had access to transport at the weekends and during the evening Monday to Friday. The centre could also access a bus through the providers book a bus facility. However, the inspector found that the centre required greater access to transport in order to further enhance support plans in place for residents during periods of upset to reduce the use of restrictive practices in the centre. The inspector will discuss this further under regulation 7: positive behaviour supports.

The designated centre had capacity for three residents, the inspector had the opportunity to speak to all residents during the course of the inspection. In addition, all residents completed the questionnaires in relation to support in the centre prior to the inspection. Residents discussed that their had been a notable change in the designated centre since April of 2024, due to a significant health change of one resident which was having an effect on the overall experience in the designated centre. Residents noted that the person in charge and staff team were working very hard and that the change in the designated centre was very sad to see as it was due

to poor health on part of one of their peers.

On arrival to the designated centre the inspector met one resident who was making their breakfast and enjoying a cup of tea with staff. The resident told the inspector that they had plans with staff to go into town during the morning and complete some shopping. The resident discussed that as it was such a lovely day they would then go for a walk in a local park. Support staff spoke with the resident about activities that they like to do in their home and local community. Staff took the opportunity to speak with the inspector about the changing needs for the resident in a private and dignified manner. The staff discussed that residents needs had significantly changed over a short period of time and that this change was resulting in a negative impact on peers in the centre. Support staff discussed a number of measures that had been implemented in the centre in order to maintain safety for all residents. The inspector found that the provider and person in charge had responded in a proactive manner in order to maintain residents safety and to ensure that the resident received support in order to enhance the quality of care provided. Over the course of the inspection the inspector saw staff responding to the residents verbal and non verbal responses to their environment. Support staff assisted residents in a kind, caring and supportive manner throughout each change in residents presentation.

One resident spoke to the inspector about a recent hospital stay that had required them to remain as an inpatient for approximately five weeks. The resident told the inspector that when they presented as unwell the staff in the centre acted immediately and were a great support to them while in hospital. The resident told the inspector that they love living in the designated centre, however over the last few months a change in one residents health had a significant impact on the other peers in the house. The resident told the inspector that the person in charge and support staff had assisted them to make complaints and that they had met with senior management. The resident was satisfied that the provider was reviewing the ongoing changes in their home and told the inspector that the staff were supporting everyone in the house.

One resident brought the inspector on a tour of the designated centre and showed the inspector their bedroom, which was decorated to their individual style and preference. The resident told the inspector that their family was very important to them and they had pictures decorating their room of family members and different events in their life. The resident told the inspector that they love living in their home and that they work in the local community so they know a lot of people in the local area. The resident told the inspector that some days they were not happy living in their home, the resident discussed that this was due to the changing needs of one peer. The resident noted that the person in charge and staff team were working to ensure that everyone was well supported in their home. The resident told the inspector that they would be celebrating a big birthday and had already started plans with staff and family. The resident told the inspector that they like to go on holidays and attend concerts, the resident showed the inspector a number of photographs from holidays over the last year.

Staff spoke with the inspector regarding the resident's assessed needs and

described training that they had received to be able to support such needs.. The inspector found that staff had completed training in human rights and that human rights was a standing agenda and discussed each week at residents. The inspector observed residents being supported to to make choices around how and where they wished to spend their time, activities that they liked to participate in both in the centre and the community. Residents meetings were a regular occurrence and the inspector observed that residents views and wishes gathered from these meetings were discussed with the staff team during team meetings. Residents were aware fo the complaints process in the designated centre and knew who to speak to if they wished to make a complaint. Residents had access to independent advocates.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The inspector found that the provider was responsive to the changing needs of residents and had escalated highlighted concerns to all relevant stakeholders.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for additional services, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional responsibilities.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The provider had completed a review of the designated centres staffing complement and had increased the centres whole time equivalent in order to further enhance each residents lived experience during a period of significant changing needs in the designated centre.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and

supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support 2023, which included consultation with residents, their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of one other service, in addition to the designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

The residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector were also complimentary towards the support they provided to them.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents. The provider had recently increased the centres whole time staffing equivalence based on the changing needs of one resident. The inspector observed that the provider had increased the staffing whole time equivalence in the centre from 5.08 to 9.06, the provider was using a mix of additional hours, regular relief and agency to make up the increase in order to ensure continuity of care for residents.

The inspector observed staff engaging with residents in a respectful manner and it was clear that staff had knowledge of each residents assessed needs. The inspector observed that staff and the person in charge were advocating on behalf of each resident in the designated centre.

The inspector reviewed both the planned and actual rosters from April, May, June and July and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed training records for all staff working in the centre and found there was a high level of compliance with mandatory and refresher training. The provider had completed a bespoke training for all staff in dementia care tailored to the environment and identified needs in the designated centre.

All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care. The inspector found that the person in charge and staff team had ensured that shared learning was promoted amongst the staff team in order to further enhance residents lived experience in the centre.

The inspector found that the staff team excelled in areas of training that would further enhance residents quality of life for example, the staff team had completed training in human rights and the Assisted Decision-Making (Capacity) Act 2015.

Staff had access to regular supervision and staff meetings were occurring in the centre. The inspector found that residents views and opinions for the running of the designated centre were highlighted and discussed through staff meetings.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. Monthly staff meetings were taking place in the designated centre, the inspector reviewed seven staff meetings and found that the agendas were resident focused and varied. Minutes of the staff meetings highlighted incident and accident reviews, residents' support needs, goals, complaints, risk and shared learning for the staff team.

The inspector reviewed the six-monthly unannounced audit completed in March of 2024 with the provider completing an enhanced quality audit of the centre in July of 2024 to highlight and escalate changing needs in the centre which had been identified in April 2024. The provider had further enhanced the quality and safety of the centre through a number of control measures, for example increasing the centres whole time staffing equivalence.

The person in charge had implemented an auditing system that ensured a suite of audits including fire, safety, infection prevention and control (IPC), medicine management where regularly reviewed by the staff team to promote a culture of shared learning within the centre. The inspector reviewed a number of these audits and found that shared learning was promoted amongst the staff team as a result of recommendations. For example, medication audits and findings were discussed at team meetings.

An annual review was completed for the designated centre which included the views of residents and their representatives.

Judgment: Compliant

## Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated to

reflect changes in the designated centre's management and staffing ratio.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place, which the inspector reviewed during the inspection. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. The inspector observed that residents had been supported to make complaints in the designated centre. These complaints had been reviewed by the relevant complaints officer and had been highlighted to senior management. The inspector spoke to residents on the day of the inspection and they discussed that they met with management and were satisfied that their complaints were being met and that they had been kept up to date throughout the process.

The inspector reviewed the complaints log and found that complaints were being responded to and managed in a satisfactory manner. The inspector reviewed evidence of meetings held between the provider and residents who had made complaints. Staff spoken to on the day were aware of complaints in the centre and had assisted residents to seek external advocates if required in order to support the complaints process.

Judgment: Compliant

### Quality and safety

Overall, the findings from this inspection demonstrated that residents' well-being

and welfare were supported by a good standard of evidence based care and support. However, the inspector found that due to a change in residents assessed needs over a short period of time not all residents' assessed needs could be met in the centre and as a result this was having a negative impact on the quality and safety of services provided to them and their peers. Furthermore, the inspector found that as residents assessed needs could not be fully met in the centre it had lead to the requirement of restrictive practices in the centre. For example, one resident required one to one staffing support as part of ongoing safeguarding plans. This will be discussed further under Regulation 7: Positive Behaviour Support.

There was a comprehensive assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness. However, while residents needs had been assessed, the changing needs of one resident meant that the centre was no longer able to cater and support their care needs. Due to the significant impact of that the changing needs presented in the centre in order to maintain safety for all residents the provider was required to implement restrictive practices such as one to one staffing support over a 24 hour period for one resident. The inspector also observed the documented use of PRN medication in line with guidance in order to support one resident during incidents of confusion that presented in the current environment.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The inspector found that due to a change in one residents assessed needs restrictive practices had been implemented in order to support the resident, these restrictive practices will be discussed further under regulation 7: positive behaviour supports.

There were arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the content of the plans and the procedure for reporting any concerns.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

The registered provider had ensured that residents could receive visitors to their home in accordance with each resident's wishes and personal plan.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

## Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Residents' files contained communication support plans and a communication profile which detailed how best to support the resident. The inspector saw that staff were familiar with residents' communication needs and care plans.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre. The inspector saw that there was information available to each resident to support their communication including a visual activity board and menu plans. The inspector saw staff using these visual supports with a resident to ensure that they were informed and supported to make choices.

The inspector spoke with staff during the course of the day and observed that staff were familiar with residents communication needs and were guided by both verbal and non verbal cues including: body language and gestures. The inspector found that there was a consistent staff team in place which promoted each residents communication style.

Judgment: Compliant

## Regulation 11: Visits

There were no visiting restrictions in the designated centre. Residents could receive visitors in line with their personal preference and choice.

There was a visitors policy displayed on the wall in the hall and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with residents attending college and personal interest classes in the local community.

The inspector found that the centre had put an emphasis on residents accessing meaningful activities within their local community and ensuring that there was adequate staffing support in place to promote residents general welfare in maintaining meaningful relationships,

The inspector observed that two residents were employed in the local community with one resident informing the inspector of the positive impact their work had such as creating new friendships and connections with the local community.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents' guide for the centre which was reviewed by the inspector and found to be accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure. It was evident that there was regular residents' meetings occurring weekly within the centre.

The inspector reviewed residents meetings in the designated centre from April, May, June and July which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilities available and how to access additional supports should they be dissatisfied with any aspect of their care and support.

Judgment: Compliant

### Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre and was updated and reviewed on regular intervals due to identified changing needs in the designated centre. The inspector found that the risk register in place identified high risk areas in the centre such as residents service experience, changing needs emergency

responses and environmental needs.

The person in charge regularly reviewed risks presenting in the centre and in doing so effectively identified and highlighted those risks and ensured control and mitigation arrangements were in place to manage the risks. The person in charge and senior management had ensured that risk identified had been escalated to the appropriate stakeholders and that control measure put in place in the centre were the least restrictive for residents. The inspector observed that staff were suitably informed of the risks presenting in the centre and the control measures required to reduce and manage risk. The inspector observed that the provider and person in charge had responded to emergencies in the designated centre and had ensured that residents were still promoted to enjoy meaningful activities.

The inspector found that the risk register and risk assessments for the designated centre were subject to quarterly reviews by the person in charge and took into account trending of any incidents that had occurred in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. The inspector reviewed all three residents' assessments and plans. There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

The provider had completed a number of reviews which had identified that the centre was not fully suitable to meet changes in residents' assessed needs. Due the assessed change in residents' needs the support plans in place were not sufficient in meeting their personal and social needs. As a result the inspector was not assured that the centre was suitable for the purpose of meeting one residents assessed needs or that there was adequate arrangements in place to meet their needs without the use of restrictive practices in the centre. The inspector acknowledges that the changes in the residents presentation and diagnosis occurred over a short period of time from April 2024 to the day of the inspection. The provider and person in charge had responded by implemented a number of control measures in order to enhance safety for all residents in the designated centre.

The provider and person in charge were currently engaged with residents representatives and were reviewing their own internal resources to source more suitable accommodation, however the provider had not yet been successful and this was impacting on the quality and safety of service provided to all its residents. The inspector observed that the provider remained committed to sourcing appropriate

accommodation both internally and externally, and were utilising additional resources such as increased staffing and multidisciplinary team services.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had the knowledge and skills to respond to and support residents with behaviours of concern. The inspector reviewed training files and found staff completed training in positive behaviour support and there were up-to-date positive behaviour support plans for staff to refer to.

The inspector found that due to recent changes in a residents assessed needs a number of restrictive practices had been implemented in the centre in order to maintain safety for all residents. However, the inspector found that some practices in place were required due to the layout and accessibility of the designated centre. The inspector acknowledges that the provider and person in charge were responding to a rapid change in residents assessed needs and in doing so were implementing practices under the advice and guidance of suitably qualified person. The inspector found that all alternative measures had been considered before a restrictive procedure was used, however due to the current environment setting the inspector found that restrictive practices were necessary in order to reduce behaviours that challenge. For example, one resident required one to one staffing support at all times in the designated centre.

The inspector also identified that as part of a residents support plan to reduce anxiety the individual should have access to transport, the inspector found that this was not always possible as the designated centre shared their transport with a local day service run by the provider. Access to transport was also highlighted in residents safeguarding plans in order to maintain safety in the designated centre.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

At the time of this inspection the designated centre had open safeguarding concerns following a short period of change for residents. However, the inspector found that these had been reported and responded to as required and formal safeguarding plans were in place to manage these concerns. The inspector found that the person in charge and provider had put all measures in place to support each resident, however some control measures were out of the providers control such as environmental systems as discussed under regulation 5: individual assessment and personal plan and regulation 17: premises.

The inspector reviewed four preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Kare DC13 OSV-0005750

Inspection ID: MON-0036221

Date of inspection: 31/07/2024

## 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 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>It has been identified that one person who lives in this location would have their needs met better in an alternative placement. The process for identifying this alternative accommodation has commenced and communication with relevant persons is in progress. It is expected that this transition will have concluded by the end of November 2024.</p> <p>The location risk register will be reviewed each month by the leader.</p> <p>The support plans for each individual have a further scheduled review pending transitions by the end of December 2024.</p> <p>The current staffing levels will remain in place until a transition has occurred. The assessed needs of the individual prior to transition will be in place prior to any move.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>It has been identified that one person who lives in this location would have their needs met better in an alternative placement. The process for identifying this alternative accommodation has commenced and communication with relevant persons is in progress. It is expected that this transition will have concluded by the end of November 2024.</p> <p>Restrictive practices have been reviewed in this location. The restrictive practices have been reduced where possible. They will be reviewed again prior to the end of November 2024.</p>	

Transport in this location has been clarified to each resident in this location. A new service agreement has been provided which has more detailed information in relation to transport. This will be completed for each person living in this location by the end of September 2024.

A range of transport options are available for use.

## 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 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2024
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2024
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative	Substantially Compliant	Yellow	31/12/2024

	measures are considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/12/2024