



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

Issued by the Chief Inspector

Name of designated centre:	Claddagh House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0008085
Fieldwork ID:	MON-0034060

About the designated centre

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

Claddagh House is in a quiet location, set back from the main road. The house is decorated and furnished to a very a high quality, modern style that promotes independence, comfort and relaxation. Claddagh house is set in a tranquil area on a mature site. It is located 40 minutes to the city of Galway. Claddagh House provides a Home from Home, high support, residential service for children/young people with an Autism spectrum disorder, intellectual disabilities and physical & sensory needs. The centre provides full time support to a maximum of four service users at any one time and can accommodate either male or female. Claddagh House residential care services are provided to individuals under 18 years, with comprehensive transitioning and preparation for adulthood commencing at seventeen years of age.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 24 May 2022	10:00hrs to 17:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection. Overall, the inspector found that the children in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the children were consulted in the running of the centre and played an active role in decision-making within the centre.

On arrival at the centre, a senior support worker guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

The children had already left for school so the inspector took the opportunity to have a full walk through of the centre and to review all documentation. Claddagh House is a new centre and is decorated and furnished to a very a high quality, modern style and is homely and comfortable.

When the inspector arrived two staff were carrying out cleaning duties and one staff had just done a food shop and was putting away the groceries. Overall the house was clean and the inspector noted that the groceries being unpacked contained fresh fruit, vegetables and meat.

The children returned home around 3 pm in three separate vehicles and the inspector had the opportunity to meet all three children. Some of the children did not have the ability to interact verbally with the inspector but through facial expressions and vocalisations the inspector was able to see that these children were happy in the centre. The children indicated their contentment in the centre through gestures, playful behaviour and smiling. Two children went to their rooms initially to change their clothing and returned downstairs to have dinner and a drink. They were supported at mealtime in a very responsive and caring manner which promoted independence. The third child went with staff to the barbers for a haircut, this was a huge achievement for the child as this can be a stressful experience for them. The staff had prepared for the outing and had informed the barber of the child's needs and what support they required, they had also allocated two staff to support the child. The outing to the barber was a stress free and successful experience for the child who seemed very pleased with the outcome.

Another child had a therapeutic horse riding activity planned and was very excited about this, this was evident from their demeanour, the child was smiling and verbalised that they enjoyed horse riding. The staff supported the child to get ready for their activity in a very respectful way and it was obvious from their interaction that this was a regular occurrence.

The children had lots of opportunity for meaningful activities in their day, they were all supported to attend school and engage in their local community. The children

engaged on an ongoing basis with numerous activities including cooking and baking, messy play, weekly music theatre class, tag rugby and beach days.

The children's rights were upheld in the centre in that they had a key worker to advocate for them and there was extensive choice of activity and opportunity to sample activities. The children were encouraged and supported around active decision-making and social inclusion. They participated in weekly meetings where activities and other matters were discussed and decisions made. The children were informed about COVID 19, restrictions and testing processes through visuals.

The centre was decorated with photographs and personal items and the bedrooms were in the colour and decor of the children's choice. There were beautiful photographs of activities and outings including one child's recent confirmation celebrations. The staff team had supported the child and family with the preparations for the confirmation arranging to buy new clothes and planning everything for the day so that the child would not be overwhelmed.

The centre was warm, clean and comfortable. The children had their own bedroom and seemed happy in their home. During the walk around the inspector noticed that the laundry practices in the centre required improvement. While reviewing fire management systems in the centre it was observed that the tumble dryer lint compartment was full with lint, the staff addressed this straight away. There were adequate number of fire extinguishers and fire blankets noted in the centre and a new fire panel and emergency lighting.

In summary, the inspector found that the children's well-being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

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 child living in the centre.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the children was to a good standard and was safe. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge ensured all the requested documentation was available for the inspector to review during the inspection.

On the day of inspection the provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the children and with the

statement of purpose. However when the inspector reviewed the actual and planned rota it was apparent that the numbers were lower on some occasions than the statement of purpose outlined. This had an impact on the children's activities and outings as some of the children were 2:1 in the community and could not attend activities if staff numbers were not adequate. The staff informed the inspector that the staff numbers were now being met by use of a sister recruitment agency. The person in charge indicated that they have a continuous recruitment policy with live advertisement and interviews taking place. The person in charge identified this as an area of priority for her and she explained that they were actively recruiting.

The staff members with whom the inspector spoke with were very knowledgeable around the children's assessed needs. For example they were very aware of the varying resident's diagnosis such as autism and catatonia and the strategies to support the children.

There was a training matrix for review and the inspector noted that mandatory training had been completed. All new staff had to complete mandatory training before they could commence employment.

Clear management structures and lines of accountability were in place. The provider had also undertaken an unannounced audit of the service in March 2022 and the first review of the quality and safety of service was currently being completed. All audits completed had an action plan to improve quality of care and support in the centre. The audit reviewed staffing, quality and safety, safeguarding and a review of adverse events or incidents. In areas highlighted for improvements it was noted that one action was to address staff numbers and also to review restrictive practice and determine if some restrictive practice required to be removed, for example the kitchen gate, which restricted access to the kitchen for children. All restrictive practice go before the rights committee to make decisions. On the day of inspection all actions were completed or actively being addressed.

There was an effective complaints procedure in place in an accessible format. There were no open complaint at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge was full time, had the required qualifications and demonstrated the relevant experience in management and ensured effective governance, operational management and administration of the centre. They were very responsive to the inspectors requests and had all documentation available for

review.

Judgment: Compliant

Regulation 15: Staffing

While staffing levels on the day of inspection were in line with the statement of purpose and needs of the children, the rota indicated that on a number of occasions the staff numbers were not adequate to meet the needs of the residents and were not in line with the statement of purpose. This had an impact on the children's activities and outings as some of the children were 2:1 in the community and could not attend activities if staff numbers were not adequate. There was a gap on the rota which was currently being filled by an agency staff. The provider has committed to addressing staffing issues.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all full time staff had received mandatory training. There was significant training completed by staff in relation to protection against infection such as hand hygiene training, breaking the chain of infection, respiratory hygiene and cough etiquette and infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, manual handling, positive behaviour management and fire safety.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. The designated centre was resourced to ensure the effective delivery of care and support to the children in accordance with the statement of purpose. Bi-annual unannounced audits had been completed and an action plan drawn up. The unannounced audit of the service in March 2022 included a family meeting to ascertain the views and opinions of the children's family on the quality of care and support received by the child. The mother of a service user was met with to ascertain her thoughts and views on the placement. The parent expressed a high

level of satisfaction with the care provided by the staff team to her daughter. She expressed that she felt her views and queries were listened to and acted upon. The parent expressed that a positive communication plan was in place and feels assured that her daughter has settled into her new home and is getting to know the staff team. The first review of the quality and safety of service was currently being completed as it was a new centre. Given the judgement under Regulation 15, the governance and management of the centre has not been effective in ensuring adequate staff numbers were on duty and therefore is found substantially compliant.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. It was reviewed regularly and was available to the inspector when requested.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre. The person in charge had also submitted quarterly notifications in respect of restrictive practice used or non serious injuries. The inspector reviewed all incidents and was satisfied that the person in charge had met all reporting requirements and responsibilities.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible. It was noted that complaints were mostly resolved locally however the provider was required to ensure that feedback from the complainant is gained and recorded, it had not been recorded however this was noted on the unannounced audit and the matter was addressed.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the children in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for the children. One child had a visual personal file which included pictures each month of the activities and independent living skills she was involved in which gave a clear overview of the meaningful activities she was involved in. There were also support plans to supplement the assessment of need. The inspector viewed support plans for diagnosis such as Autism and Catatonia. These plans were noted by the inspector to clearly identify the issues experienced by the residents and how a resident may present in crisis or ill health. The support plan for autism was detailed and outlined the supports the resident required, this was created by the behaviour specialist, staff and consultant. There was also an individual education plan in place for each child which was reviewed annually.

Annual care planning review meetings were conducted and minutes of care planning meeting were recorded and kept on file. Family and professionals involved in the child's care are invited to these meetings to provide input and receive updates. Behaviour monitoring charts are in place for children and these indicate if a child is unhappy and this is addressed to effect improvement. For example, if it is noted that environmental factors are a cause for concern, every effort is made to adjust the environment or support the child to learn to manage their anxiety around it.

The registered provider had ensured that each child had access to appropriate healthcare, there was documented appointment summaries indicating that the children had regular visits with the occupational therapist, psychiatrist, psychology and their GP.

Behaviour support guidelines were noted to be in place by the inspector. While there were behaviour support guidelines in place, staff members required a comprehensive behaviour support plan to support the children in times of crisis or ill health. Staff demonstrated some knowledge of how to support this child to manage their behaviour and were familiar with the needs of the child however behaviour support strategies were necessary as part of a clear plan of care to support this child. The inspector observed the staff effectively and positively supporting the children's needs during the day.

The person in charge had ensured that the children were assisted and supported to communicate however; visuals were noted not to be generic in nature and not easily

understood to children with cognitive impairment. The children had access to television and Internet and an electronic device was available to facilitate the residents to video call their family members.

The provider had ensured that the children had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities. The children were active in their community.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. In relation to the restriction on the kitchen (gate), the team leader stated that in conjunction with multi disciplinary teams support, the team have been able to reduce this restriction.

The provider ensured that there was an effective fire management system in place. The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and a fire alarm system in place. However the tumble dryer lint filter needed to be cleaned regularly.

The premises were warm, homely and there was a lovely atmosphere in the centre. The children had input into decoration of their bedrooms and they were personalised to their taste.

Medication practices in the centre were reviewed and found to be of a very good standard.

The inspector observed that there were systems and measures in operation in the centre to protect the children from possible abuse. Staff spoken with indicated that they were fully aware of the measures in place to protect the children. Staff were facilitated with training in children first.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life.

Regulation 10: Communication

The person in charge had ensured that the children were assisted and supported to communicate however; visuals observed were noted to be generic in nature and not easily understood to children with cognitive impairment, the visuals were not relatable for the children. The visual recommendations were part of the individual communication supports outlined in the children's personal plan. The visuals were being amended on the day of inspection in line with recommendations.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider had ensured that the children had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities. The children were engaged in a variety of meaningful activities in their local community; they utilised local shops, local amenities such as parks, playgrounds, went for walks and drives and went on beach days. The children went to school daily also and were at school on the day of inspection.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the number and needs of the children and overall the centre was clean and warm. There was adequate communal and private space for the children. The centre was decorated to the children's personal taste, colours and furniture had been chosen by the children and they had personal photographs in their rooms. There was a playroom/arts and craft room available to the children for messy play. The centre was of sound construction and there was a well maintained, safe enclosed garden to the rear of the house.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. In relation to the restriction on the kitchen (gate), the team leader stated that in conjunction with multi disciplinary teams support, the team have been able to reduce this restriction and are continually working towards elimination of the restriction. The restrictive practice register was viewed on a shared server for Claddagh House. All restrictions were recorded. Evidence was also shown to the inspector of the Restrictive Practice Committee review of restrictions. The actions from this review were being implemented.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that children who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Personal protective equipment in the form of face masks were noted to be worn by all staff. Supplies of alcohol based hand sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid children's understanding and compliance also. Standard Operating Procedures were created in line with national infection prevention and control guidance to support staff manage if a child or staff is suspected or confirmed as having COVID-19. However laundry practices in the centre required improvement in that soiled clothing and clean clothing were in the same small laundry room alongside each other and cleaning cloths were in a basket with a child's night wear.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place. Fire doors were in place and there were adequate extinguishers, fire blankets and an alarm system and these were checked regularly by a fire company. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in under a minute. However the tumble dryer lint compartment was full with lint and as such was a fire risk, this was acknowledged by the staff who addressed this and cleaned out the lint drawer.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector noted good practices around ordering, storage, administration and disposal of medication which were in line with policy and good practice. The medicines were locked in a cabinet and there were regular stock takes, receipt of medication form was in place and returns to pharmacy form also. There was a medicines transfer box when parents were sending in medication to school for children which had to be signed for by the school, parent and centre staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of the children was completed. Annual care planning review meetings were conducted and minutes of care planning meeting were recorded and kept on file. This provided a forum for all people involved in the child's life to have input and participate in the child's care. There was adequate guidance and support plans for staff to work effectively with the children. There were support plans in relation autism and catatonia which guided the staffs practice. Staff spoken with acknowledged that the support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

Judgment: Compliant

Regulation 6: Health care

The registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by the resident. There was evidence that a child had regular visits with the psychiatrist and medication had been amended on their advice. Documentation indicated that children had check-ups with the GP and had COVID 19 test's as needed, this indicated that the health of the children was being supported and maintained. There was also evidence that the children were receiving support from an occupational therapist for sensory support.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support guidelines were noted to be in place by the inspector and staff had training in the management of behaviour that is challenging. However a full and comprehensive behaviour support plan was not in place for one child. The inspector was advised that the behaviour support specialist was currently completing same. In this regard the provider had not ensured that staff had skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the children from possible abuse. Staff were facilitated with training in Children's First and there was documentation in relation to keeping the children safe. For example there was a risk assessment in place for a child leaving the house unsupervised. The inspector spoke with the person in charge and staff regarding safeguarding of the residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the children's rights were respected and that they exercised choice and control in their daily lives. The children are involved in the running of the centre. For example staff set out a number of different visuals which support the children to choose daily activities and weekly meals. The children will choose what meal they would like and on which day and then the staff will ensure this is purchased when doing shopping.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	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 Claddagh House OSV-0008085

Inspection ID: MON-0034060

Date of inspection: 24/05/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Resilience and Claddagh House are invested in profile building in the area, so as to invite and encourage further applications for Support Workers, who are eager to work in a bespoke, children’s service. This is a multi-faceted approach- on July 4th there was a strategy meeting held in Resilience facilitated by the CEO, and incorporating members of HR, Talent Acquisition, Therapy services, Brand and Marketing and Service Management. The focus for the emerging action plan was retaining existing staff members and offering them intensified support to continue to deliver quality service. The second element was about the strategies being introduced to attract new team members. Phase one included securing two staff members from internally in Resilience Community Services, to work whole time equivalent. The second phase included a multimedia approach for advertising and marketing. These strategies are currently active and proving positive thus far.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: As per the action plan under Regulation 15, the management of the centre are intensely invested in sourcing additional team members.</p>	

Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Recommendations given on the day were immediately taken on board- photos were taken and put on visual cards and placed on all items/ areas within the house which were relevant for each individual. For example; photo visuals for labelling kitchen cupboards to make environment more accessible and communication friendly. We utilise boardmaker symbols as all our children are familiar with boardmaker symbols in school, and access to visuals with colourful semantics coding system.</p> <p>Communication device (iPad Pro with the TDSnap Core First App) for one child has been applied for in line with the school and MDT, and this has been followed up on.</p> <p>The children participate in meaningful choices using their choice board, 'first & then', sequencing, daily schedules, etc.</p> <p>All children have open and ongoing referrals for SLT support at present, and we are establishing clarity for supports with CDNT 6.</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>The area has been the focus of changes to improve how the team operates through there daily- A clear and substantial division of clean and dirty laundry has been established with clear protocols laminated and pasted in the laundry room for the team to follow. Separate baskets for clean and soiled items per individual are available and labelled.</p> <p>Cleaning cloths have separate baskets in the centre, to ensure they do not get mixed up with laundry belonging to the children. Color coded system for cloths.</p> <p>All protocols will be revised in the August team meeting. Ongoing mentoring and Senior Support Worker Champions will also support quality in this area.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The presenting issue re the lint has been addressed with all team members, through supervision, team meetings, on the floor mentoring and Health and Safety focus discussions.</p> <p>Improving knowledge and care surrounding the washers and dryers and maintenance was focused on in the July team meeting.</p> <p>The associated risk for fire has been reviewed and presented to all staff for their knowledge</p>	
<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: A full and comprehensive behavior support plan is underway with the child who did not have one.</p> <p>The other children’s PBS plans are under review, for completion prior to November. The Behavior Support Specialist is intensively supporting the children in the centre with emerging challenges and potential new behaviors.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/07/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/10/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery	Substantially Compliant	Yellow	28/10/2022

	of care and support in accordance with the statement of purpose.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	12/08/2022
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	27/07/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is	Substantially Compliant	Yellow	16/09/2022

	challenging and to support residents to manage their behaviour.			
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