



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

Issued by the Chief Inspector

Name of designated centre:	An Grainan
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	16 January 2023
Centre ID:	OSV-0008100
Fieldwork ID:	MON-0036691

About the designated centre

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

In An Grainan, residential care and support is provided on a 24 hour basis for up to 18 residents over the age of 18 with an intellectual disability. The centre consists of three purpose built bungalows on a campus in an outer suburb of Dublin. Each house has six single bedrooms and suitable private and communal space to meet the needs of up to six residents. Residents are supported by a person in charge, clinical nurse managers, care staff and household staff. There are good public transport links and local access to restaurants, shops, cinema, churches and libraries.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 16 January 2023	09:30hrs to 16:30hrs	Marie Byrne	Lead
Monday 16 January 2023	09:30hrs to 16:30hrs	Karen Leen	Support
Monday 16 January 2023	09:30hrs to 16:30hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

This unannounced inspection was completed to follow up on the actions outlined by the provider following an inspection in 2022 where high levels of non-compliance with the regulations were found. During this inspection, the inspectors of social services found that there were significant improvements in the levels of compliance with the regulations; however, the provider needed to take a number of additional actions to ensure that residents were in receipt of a good quality and safe service. These areas related to safeguarding, staffing numbers, governance and management, risk management, the oversight of residents' finances, and residents opportunities to engage in activities they found meaningful.

An Grainin is comprised of three houses on a large campus in West Co. Dublin. Each of the houses is designed and laid out to meet the number and needs of residents living there. There are good public transport links in the area and there are a number of vehicles in the centre to support residents to access appointments and activities in their local community.

The inspectors used observations, discussions with residents and staff, and a review of documentation to ascertain the lived experience of residents in the centre. Inspectors visited each of the three houses that made up the designated centre during the inspection and had an opportunity to meet and briefly engage with sixteen residents. Overall the inspectors found that improvements made by the provider since the last inspection had resulted in positive outcomes for residents.

The inspectors arrived at the centre and were greeted by staff who carried out temperature check and asked inspectors to sign the visitors book. On arrival, residents were being assisted with making their plan for the day and having their breakfast. Residents' were being supported by staff to get ready to attend day programmes within the setting of the campus.

The inspectors found that there was a warm and welcoming atmosphere in each of the houses visited. The houses were comfortable, well maintained, and found to be very clean during this unannounced inspection. Residents' bedrooms were personalised to suit their tastes and they had their favourite personal possessions and photos on display. Some residents had sensory equipment in their rooms such as lamps, bubble tubes and other types of soft lighting. Some residents also had televisions, radios and tablet computers in their rooms. A number of residents had collections of jewellery and hair accessories and had plenty of space to store and display them in their rooms.

A number of residents showed inspectors their favourite pictures and possessions. Some residents showed inspectors pictures of them and their housemates taking part in activities and of holidays they had recently enjoyed. For example, one resident showed an inspector pictures of a music event they had attended, including pictures with the singer. They also showed them pictures of a hotel break with their

friend.

Residents spoke with inspectors about the important people in their lives and how they liked to keep in touch and spend time with their family and friends. One resident spoke about their family members and how they were looking forward to meeting up with them just after the inspection. Inspectors also observed a residents write and prepare cards to post to their family and friends. There were spaces available in each of the houses for residents to meet their family and friends in private, should they wish to. There were also attractive and well maintained outdoor spaces for each of the hoses. These areas had outdoor seating, plants and flowers, and BBQ's.

Throughout the inspection, inspectors observed warm, kind, and caring interactions between residents and staff. Staff took every opportunity to speak with inspectors about residents' likes and dislikes. They were observed to knock on doors prior to entering residents' rooms and to offer choices to residents. They were also taking the time to listen to, and pick up on residents' non-verbal cues. Residents spoke fondly of staff and they appeared comfortable and content in the presence of staff, and with the supports they offered them.

For a number of residents who interacted with inspectors during the inspection, how they dressed and presented themselves was very important to them. Inspectors observed residents choosing their jewellery and accessories before leaving the house. Staff supported residents to style their hair the way they wanted it. Staff were heard a number of times asking residents if they needed anything and to compliment them on how well they looked, particularly before they left the house to go to day services.

In one of the houses, an inspector met with the six residents living there. Residents were all very well presented and being supported to engage in their morning routines, with some residents watching television, others getting ready to go out and others choosing to relax in bed. Interactions were observed to be patient and kind and it was evident that residents were comfortable and content in the company of staff.

Some residents in the centre presented with complex and changing health and social care needs due to ageing. While some residents communicated using speech, others presented with complex communication needs. Residents communicated through their vocalisations, body language, gestures and they required staff to know them well to best support them. The staff on duty knew residents well and spoke with residents and the inspector about their preferences and routines.

Since the last inspection, the provider had carried out work with residents and staff on the campus to ensure that residents' rights were upheld, particularly in relation to mealtimes and finances. All residents had an individual rights assessment carried out which considered personal possessions, the residents' home, their money, privacy, safety, freedom of information and the wider environment. Since the last inspection, all residents had applied for a bank account and some residents had received their own bank cards.

Meals came from a centralised kitchen on the campus and residents were offered a choice of meals. There was a visual menu in place to facilitate choice for those who could understand photographs, while for others, staff ordered based on residents' previously expressed preferences. The houses had other food to offer residents to cook in the event they did not wish to eat the meals provided. The human rights officer in the organisation had carried out an observation of residents' mealtimes in each house and reviewed choices available to residents. Residents in one of the houses were now being supported to choose foods they wished to purchase on online shopping applications on their tablets. The provider set up a nutrition committee to further develop residents' choice and control over their mealtimes, while ensuring that their nutritional needs continued to be met.

Since the last inspection, residents were being supported to engage in more activities outside of their homes. However, not all residents in the centre had the same opportunities in the month prior to the inspection. The provider had two day services on site, which residents were availing of. Planners were sent out to houses in advance to enable residents choose the activities they wished to engage in. Residents also engaged in some activities within their own homes such as massage, dancing, arts and crafts and baking.

The provider had developed easy-to-read information for residents on a range of topics and this included making easy-to-read care plans which included detail on residents' goals, health. Safety, communication, leisure, help they needed and mobility. Weekly residents meetings took place and there was a standing agenda in place and included a discussion on chosen activities.

Inspectors viewed a number of annual questionnaires completed by residents family members. These indicated that they were very happy with care and support for their relative in the centre. Examples of comments included in these questionnaire were, "I feel so welcome when I go to visit it's like just going home", "feel welcome", and "happy with the care ... receives".

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.

Capacity and capability

Overall, the findings of this inspection were that the improvements brought about by the provider since the last inspection were having a positive impact for residents living in the centre. The provider was self-identifying areas for improvement and implementing the required actions to bring about improvements in relation to residents' care and support, and in relation to their home. Some further improvements were required in relation to staffing numbers, the maintenance and upkeep of documentation in the centre, residents' personal possessions, residents'

general welfare and development, positive behaviour support and safeguarding. The majority of these actions were on the providers quality improvement plan.

Following the last inspection in this centre, and a number of other inspections on the campus where this designated centre is situated, the provider was invited by the Chief Inspector of Social Services to attend a cautionary meeting. Following this, the provider submitted an improvement plan for the campus. In line with the findings of a number of follow up inspections on the campus, inspectors found that improvements had been made in terms of monitoring and oversight in this centre. For example, the last inspection in this centre found seven regulations not compliant, and four regulations substantially compliant. On this inspection, none of the regulations reviewed were found not compliant. A number of regulations were found substantially compliant.

The person in charge had commenced in their role since the last inspection and was found to have systems in place to monitor the quality of care and support for residents. They were based in the centre and visiting each of the houses regularly. They were found to be familiar with residents' needs and motivated to ensure they were happy, and well supported. Residents were observed to be familiar with the person in charge, and staff were complimentary towards how they supported them to carry out their roles and responsibilities. The person in charge was supported in their role by a number of persons participating in the management of the designated centre (PPIM), and a service manager. They were also found to be familiar with residents' care and support needs and motivated to ensure they were happy and safe in their homes.

The provider systems for monitoring the quality of care and support for residents included audits in the areas, an annual of care and support, and six monthly reviews. These were picking up on areas for improvement in line with the findings of this inspection and action plans were in progress at the time of the inspection. A number of these actions needed to progress in a timely manner to ensure residents continued to enjoy a good quality and safe service.

Inspectors observed the environment in each of the house to be calm and welcoming, offering residents' a pace to suit their individual requirements. The inspectors met with residents during the course of the inspection and they informed inspectors that they were happy in their home, and that they could talk to staff if they were not happy with the running of the centre. The inspectors noted that a number of residents' had availed of the organisations complaints procedure and that these complaints had led to a satisfactory outcome. Residents had access to information on external advocacy services.

Improvements had been made in relation to staffing numbers in the centre since previous inspections. For example, in one of the houses where there had historically been one staff on duty during the day, there was now three staff on duty most days. Staff members discussed the positive impact of this for residents, including increased opportunities to take part in activities they enjoyed in the local community, and the availability of staff for more 1:1 time with residents. However, a number of staff vacancies remained in the centre. Attempts were being made by the

provider to ensure continuity of care and support for residents in the interim; however, in line with the findings of the last inspection these vacancies needed to be filled in order to ensure the ongoing continuity of care and support for residents. Inspectors had the opportunity to meet with staff and observe interactions between them and residents during the course of the day. Staff were observed to be knowledgeable of residents' support needs, and to be warm and friendly in their interactions with residents. They were observed to respond to residents' requests in an appropriate and timely manner.

Overall, staff had completed training and refresher training in line with the providers policies, and residents' assessed needs. A number of staff spoke with the inspectors about the positive impact of training in ensuring that they were providing person-centred services, and safe supports for residents. Staff were also in receipt of regular formal supervision.

Regulation 14: Persons in charge

The person in charge had commenced in the centre a number of months before the inspection. They had the qualifications, skills and experience to fulfill the person in charge role. They were present in the houses regularly and residents were observed to be very familiar with them and comfortable in their presence. They were completing audits in the houses and for the most part, identifying areas for improvement in line with the findings of this inspection. They has systems in place to support staff, and to complete formal supervision with them.

Judgment: Compliant

Regulation 15: Staffing

While the provider had successfully recruited to fill a number of key posts in the centre such as the person in charge since the last inspection, there were 4.19 whole time equivalent (WTE) staff vacancies at the time of the inspection. In addition there were 2.2 WTE staff on unplanned/long term leave.

The provider was actively recruiting at the time of the inspection, interviews had been held and more were planned. While recruiting, they were attempting to ensure continuity of care and support for residents through the use of regular relief staff and agency staff covering the required shifts. However, due to the volume of shifts that required covering this was not always proving possible. There were planned and actual rosters in place and they were well maintained.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Improvements were noted in staff's access to, and uptake of training and refresher training since the last inspection. They were completing training identified as mandatory by the provider, and a number of trainings in line with residents' assessed needs. A training needs analysis had been completed and those who required training or refresher training were alerted to the dates for upcoming trainings, or booked onto them.

There were systems in place to ensure that staff were in receipt of regular formal supervision to ensure that they supported and aware of their roles and responsibilities. A number of staff were complimentary towards the support they received from the person in charge, and from the local management team.

Judgment: Compliant

Regulation 21: Records

The required records were kept secure and available for review during the inspection. However, from reviewing a number of documents during the inspection, the inspectors found that record keeping and file-management systems in the centre required review in order to ensure that residents were in receipt of safe and effective services.

Documentation in care plans contained a number of pieces of information which were duplicated or had similar information about the same item. For example, one residents' records relating to behaviour support included, a mental health assessment, a page on coping strategies, a risk assessment, an action plan and a positive behaviour support plan.

In addition, some information/the most up-to-date information was not available in some of the houses. For example, incident reports, safeguarding plans and the minutes of staff meetings. The inspectors acknowledge that the latest six monthly review by the provider and audits by the person in charge identified that improvements were required in relation to documentation and records management in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that the provider had implemented a number of systems which had led to improved oversight and monitoring in the centre. The annual and six monthly reviews, and the audits completed by the person in charge and local management team were identifying areas for improvements and the required actions. These actions were being captured on a quality improvement plan, and this was reviewed by the person in charge and PPIM on a regular basis. However, a number of actions needed to progress particularly those relating to staffing, documentation, residents' personal possessions, and general welfare and development.

Overall, the centre was well run and well managed by a full-time person in charge who had the systems in place to make sure residents were happy and felt safe. Improvements were made across a number of regulations, and as previously mentioned plans were in place to bring about further improvements. The centre remained under-resourced and the provider was attempting to recruit to fill the vacant staff positions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose which contained the information set out in Schedule 1 of the Regulations. It had been recently revised and was readily available in the centre for residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and from the sample reviewed the provider was notifying the Chief Inspector of Social Services of the required incidents in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. Residents could access information on the complaints process and on how to access

independent advocacy services. There was evidence of oversight of complaints by the management team.

From a review of a sample of complaints, there was evidence that complaints made by residents within the centre were recorded, investigated and resolved in accordance with the provider's policy. The satisfaction level of the complainants was recorded on complaints.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents were in receipt of a good quality and safe service. They lived in warm, clean and comfortable homes. They were supported to make decisions and choices in their day-to-day lives. In line with the findings of the provider's own audits, further improvements were required to documentation in the centre, and to their access to activities they found meaningful, particularly outside their home. In addition, improvements were required to ensure residents' finances were appropriately safeguarded.

Overall, the three premises were found to be warm, clean, and homely. There was plenty of private and communal spaces available for residents. Shared spaces were homely and appeared comfortable. Residents were observed during the inspection to spend their time in their preferred spaces. Residents' had their own bedrooms which were decorated to their own tastes and contained personal possessions and furniture. Photos and art work were on display throughout the houses, and soft furnishings contributed to how homely and comfortable the houses appeared.

Residents had their personal, health and social care needs assessed. They had personal plans in place, and care plans were developed and reviewed as required. They had access to medical and allied health professionals in line with their assessed needs. Restrictive practices were regularly reviewed to ensure the least restrictive practices were used for the shortest duration. While improvements were found in terms of residents' access to activities, this was not consistently found across all residents' plans.

For the most part residents were protected by the safeguarding policies, procedures and practices in the centre. However, a safeguarding plan had not been developed following an allegation of abuse. Inspectors acknowledge that staff were implementing a number of controls to keep residents safe; however, there was an absence of documentation to guide staff practice. In addition, improvements were required in terms of safeguarding residents' finances. For example, there was a large sums of cash held in the houses for some residents. In addition, there were some inconsistencies in residents' financial records. For example some residents' spending did not always match their activity logs.

Overall, residents were protected by the risk management policies, procedures and practices in the centre; however, a review of the risk register and some residents' risk assessments were required to ensure the risk rating was reflective of risks. They also required review to ensure that they took into account how effective control measures were.

The provider had taken a number of steps to ensure that residents were more involved in decisions relating to their care and support and the organisation's human rights officer had completed a number of audits and reviews in the centre and made recommendations. For example, they had completed a mealtime experience audits and while the majority of their findings were positive, they made a number of recommendations to further enhance residents' mealtime experience.

Regulation 12: Personal possessions

Improvements were noted in relation to the oversight of residents' finances in the centre. A number of financial audits were now being completed. Residents had financial assessments in place and had a log of their personal possessions in the care plan. However, inspectors found that the balance sheets for some residents were not reflective of the cash amount they had in the centre. In addition, the inspectors found receipts in two of the houses for a small amount of money that had been spent by residents for a service that should have been paid by the provider. In addition, inspectors reviewed a number of residents' records where there were receipts for goods and services but no record of them leaving the designated centre.

The majority of residents now had accounts in financial institutions, and plans were in place to support the remaining resident to open an account.

There were laundry facilities in the houses should residents' choose to use them. A number of residents showed inspectors their bedrooms where they had their favourite possessions on display, and space to store their belongings.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Since the last inspection, the provider had increased the number and amount of activities taking place for residents, particularly off the campus. A tool was in place for staff to record planned activities and document reasons for them not happening and these were audited on a monthly basis by the person in charge. Outings which had occurred included going out shopping, going out for meals, attending shows and visiting family.

Residents had in-house activities recorded such as getting their nails done, watching

television and arts and crafts. However, these required review to ensure that activities documented were external to every day care, such as bed rest, opening presents or interactions.

A review of outings for residents in the three houses indicated that residents in one house were not accessing the community as much as residents in the other houses in the centre. For example, in one house one resident had not engaged in any activity off campus for the month prior to the inspection. Other residents in that home had been out between one and three times that month. The other two houses had higher levels of activity, where residents had been out between 3 and 6 times in the month.

Judgment: Substantially compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. The houses were spacious, warm, clean and comfortable. Shared spaces were homely and residents' bedrooms were decorated in line with their wishes and preferences. Residents had access to appropriate equipment to promote their independence and comfort.

There were systems in place to log areas where maintenance and repairs were required and evidence that a number of works had been completed since the last inspection. For example, heated outdoor storage was now in place for larger items such as residents' wheelchairs.

Judgment: Compliant

Regulation 20: Information for residents

A guide had been prepared for residents to include a summary of the services and facilities, and the terms and conditions relating to residency. Information was available to residents' in an accessible format that was visual throughout the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place and the provider's risk management policy contained the required information. For the most part, residents, staff and visitors

were protected by the risk management policies, procedures and practices. However, some risk assessments required review to ensure that the ratings were reflective of the risks, and the control measures in place. Inspectors also found that the risk rating of items on the risk register required review.

While incidents were documented and reported, records of incidents were not readily available in the centre. It was not evident that learning following the review of incidents was shared across the team. It was listed as an agenda item at staff meetings, but from reviewing a sample of the minutes of meetings, discussions were not documented.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an annual assessment of need carried out, with input from relevant health and social care professionals. This assessment and the residents' corresponding plan was regularly reviewed by the multidisciplinary team. Since the last inspection, residents had a person-centred plan developed with their keyworkers.

Plans reviewed by the inspector noted that they had clear goals identified which were reviewed with residents with keyworkers each month. There was photographic evidence of residents engaging in preferred activities and in achieving their goals. The provider was in the process of training all staff in person centred planning and this was to be completed by September 2023.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of health and social care professionals such as a GP, physiotherapy, speech and language therapy, dietetics, occupational therapy and dentistry. They were supported to access a number of medical consultants in relevant areas such as psychiatry, haematology and oncology.

Health action plans were in place for residents' assessed needs and regularly reviewed. Clear records were kept of all appointments attended and the outcome of these appointments. Monthly observations were carried out and documented. For residents who required discussions in relation to end-of-life care preferences, this was carried out in a sensitive manner, with advocacy support where required. Residents had access to National Screening Programmes where they were eligible to do so. Consent was sought for health care interventions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents in the centre were assessed as having behaviours of concern. Of the care plans reviewed, one resident had a comprehensive behaviour support plan in place which gave clear guidance to staff on proactive and reactive strategies. However, another two residents were identified as having behaviour support needs and while they had some documentation detailing the behaviours of concern and coping strategies, they did not have a clear behaviour support plan in place.

Restrictive practices in the centre had been reviewed since the last inspection. All restrictive practices had associated impact assessments done to ensure that residents' rights were considered as part of the process. There was evidence of skill development for residents using a swipe card to access the building. Restriction reduction plans were in place, where appropriate and these were regularly reviewed.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had a number of policies in place to protect residents from abuse. Staff had completed mandatory training and residents were supported to develop awareness of abuse in residents' meetings. Personal and intimate care plans were suitably detailed to guide staff practice and documented how best to maintain each residents' dignity and privacy in line with their assessed needs and expressed preferences.

There were a small number of peer to peer incidents which had occurred in the centre. While these had been reported and notified to the Chief Inspector and the Health Service Executive in line with national policy, no safeguarding plan was in place to safeguard a resident from reoccurrence of the incident which took place in the month prior to the inspection. The incident report was not available in the house, nor was any paperwork relating to the incident. The staff members on duty were regular staff members and therefore, could clearly describe the measures which were in place to safeguard residents. This was communicated with staff members during handover meetings. However, in the absence of a documented safeguarding plan, as required by national policy, inspectors were not suitably assured that there were adequate safeguarding measures in place for all residents.

Judgment: Substantially 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 21: Records	Substantially 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 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for An Grainan OSV-0008100

Inspection ID: MON-0036691

Date of inspection: 16/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment processes are ongoing with active advertisement campaigns for all vacant positions. The Provider will continue to try to recruit for all vacant positions. The Provider will also have representation at Health Care Jobs Fair in March 2023.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The PIC will review record keeping and File Management systems within the Centre to ensure Residents are in receipt of safe and effective care. The PIC is implementing a folder system in each house to ensure most up to date information is present to include, incident reports, Safeguarding plans and Minutes of staff meetings. The PIC will review documentation with the Clinical Nurse Specialist in Positive Behaviour Support to discuss streamlining of documentation to prevent repetition in an Individual's plan. The PIC will review all individual Behavior Support Plans to ensure they are present and reflect the Individual assessment of need.</p>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
 Recruitment processes are ongoing with active advertisement campaigns for all vacant positions.
 The PIC will progress all outstanding improvement actions captured on the centre's quality improvement plan within the designated timeframes.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 The Provider and PIC will ensure that Residents' expenditure will be implemented in line with the provider's policy on Management of personal Finances, Property and Possessions of Supported Individuals.
 All individual balance sheets will be checked daily by Staff to ensure they are reflective of the cash amount for each individual.
 The PIC will ensure that all individual receipts reflect individual expenditure and will be reflected in The Individual's Quality of Life Record as evidence of engagement.
 Small amount of monies identified that had been spent by the residents for a service that should have been paid by the provider have been reimbursed and systems put in place to prevent recurrence.

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:
 The PIC will review with Day Services Manager the quality-of-life recording sheets for on site and off site activities.
 The PIC will ensure that planned activities and actual activities are recorded to reflect the Individual's will and preference.
 The PIC will ensure that each key worker reviews the preferred activities and explore possible new activities with each Individual.
 The PIC will ensure that all individuals are given equal opportunity to be supported with quality of life activities and outings in line with their will and preference; opportunities to participate in activities and the individual's choice of participation will be clearly recorded.

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC will review all risk assessments to ensure that the ratings are reflective of the risks and the control measures in place. A system has been introduced to ensure that a copy of all incident report forms is retained in each area to which they relate. The PIC will ensure that incidents and any associated learning are recorded in the records of staff meetings. A Safety Pause will be used as a tool to ensure all staff are made aware of incidents in a timely manner. Documented learning from incidents will be retain with a copy of the incident report form.</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>The PIC will review all individual documentation to ensure that correct information is captured when recording an Individual's Positive Behavioral Support needs.</p> <p>The PIC will ensure that all needs identified are discussed with Clinical Nurse Specialist to ensure appropriate support is implemented and a clear Behavior support plan is in place where required.</p> <p>The PIC will ensure that all staff have relevant training to support individuals in relation to their assessed behaviour support needs.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>All Safeguarding incidents will be recorded as per Hse and Local Policy.</p> <p>Where required PIC will ensure that all Individuals will have a documented safe guarding plan in place in the individuals Careplan.</p> <p>All staff will be informed re Safeguarding plans through daily reporting procedures and Staff Meetings.</p> <p>Pic will ensure all documentation re Incidents will be available in the centre.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	28/02/2023
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/05/2023
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	31/05/2023

	their interests, capacities and developmental needs.			
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/03/2023
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	30/06/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in	Substantially Compliant	Yellow	30/04/2023

	Schedule 3 are maintained and are available for inspection by the chief inspector.			
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	30/06/2023

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	17/02/2023
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	17/02/2023