



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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group P
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	27 August 2024
Centre ID:	OSV-0005574
Fieldwork ID:	MON-0044536

About the designated centre

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

This designated centre provides a residential service for four adult residents with high support needs. The designated centre is open seven days a week and the staff team is comprised of nursing staff, care staff and household staff. Management and oversight of the service is maintained by the person in charge, the service manager and, the senior nurse management team. The centre is a dormer bungalow with an adjoining apartment. One resident resides in the apartment. The main house provides accommodation for three residents. The centre is located on its own spacious site in a quiet cul-de-sac a short commute from the city and the provider's main campus. Each resident is provided with their own bedroom; the apartment is self-contained. Residents have access to separate patio areas and a secure garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 27 August 2024	09:45hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken on behalf of the Chief Inspector of Social Services to monitor the provider's compliance with the regulations and standards. The inspector found a service that was well-managed and where the support and care provided enabled residents to enjoy good health and a good quality of life. While there was evidence of good practice in these areas, improvement was necessary in how risk was assessed and controlled and in the centre's evacuation procedures.

This inspection was unannounced. On arrival at the centre there were three residents present supported by two staff members. One resident had gone with another staff member to attend a scheduled appointment with their general practitioner (GP). The resident continued from that appointment to their off-site day service. However, the inspector did have the opportunity to meet with all four residents. The person in charge was on planned annual leave and this inspection was facilitated by a member of the senior nurse management team, the service manager and, the staff members on duty.

The designated centre is comprised of the main house with an attached annex that operates as a self-contained apartment for one resident. The house presented well externally and internally. All facilities for the residents are provided at ground floor level with staff facilities such as an office, sleepover room and kitchenette provided on the first floor. The staff member met with on arrival was diligent in advising the inspector of the need to close the main gates after entering. Residents had access to separate secure spacious areas to the rear of the house including an area of decking. This external space was readily accessed from the kitchen areas, was well maintained and welcoming.

The inspector visited the apartment first. The inspector was introduced to the resident by their supporting staff member. The staff member advised the inspector that the resident had come to live in the apartment relatively recently. The resident who had communication differences smiled, shook hands with the inspector, invited the inspector in and showed the inspector around their apartment. The resident offered the inspector some tea and smiled broadly when the inspector asked the resident if they liked their new home. The resident showed the inspector some family photographs and enquired of the staff member as to the staff who were due on later that day and, making a plan for the afternoon. The staff member advised the inspector that while there was an internal door separating the apartment from the main house this door was not routinely used due to safeguarding concerns. These concerns, the controls in place and the staffing arrangements in the apartment will be discussed again in the main body of this report.

The inspector spent most of the day in the main house and had the opportunity to interact at regular intervals with the residents, to meet and speak with the staff team and to observe the care and support provided. The assessed needs of all of the residents included communication differences but the residents were well able to

communicate by gesture, facial expression and some manual signing their comfort with the presence of the inspector in their home. For example, while one resident initially shook their head to communicate no when asked if they wanted to meet the inspector, the resident quickly changed their mind, smiled and signed hello to the inspector. One resident regularly took the inspector by the hand and guided the inspector to different areas of the house while staff members interpreted what it was the resident wanted and attended to the resident's needs.

The house was busy. The staff members on duty were calm and attentive and even though two residents were relatively new to the house, the staff spoken with had a solid understanding of each resident, their needs, abilities and, their plans of support and care. The support observed by the inspector such as the meals provided and the therapeutic responses to behaviour was as outlined in the personal plans reviewed.

There were challenges in this service and active plans were in place to protect residents from possible harm from peers. The staff spoken with were very familiar with these plans and with the provider's procedures for reporting incidents and safeguarding concerns. The inspector noted that residents largely had separate routines and consistent staff supervision and vigilance was needed and provided. These arrangements did not however, based on what the inspector observed, impact on the pleasant atmosphere in the house or on the residents. Staffing levels and adequate transport arrangements supported individualised routines in the house and in the community. Residents enjoyed a range of activities that reflected their wishes and their abilities such as swimming, equine programmes and visits to local and other amenities. However, how the provider was responding to and managing the safeguarding risk that presented between the main house and the apartment required further review by the provider.

Residents were supported to have regular and consistent access to home and family. Residents and their families had been invited by the provider to provide feedback on their experience of the service to inform the annual service review. Feedback had been received from two families and the feedback was positive.

The annual review was part of the provider's quality assurance systems and overall the inspector was assured that the provider maintained good and consistent oversight of the designated centre. This included monitoring the needs and changing needs of the residents and the ongoing suitability of this designated centre to their needs. Staff spoken with confirmed that they had good access to and support from the person in charge and the wider management team. The nurse manager (clinical nurse manager three CNM3) and the service manager were both well informed as to the general operation and management of the centre including an incident that had occurred the evening prior to this inspection.

This incident was robustly followed up by management on the day of this inspection and additional controls were put in place in response. Overall however, the inspector found that the particular arrangements in the apartment especially at night required further discussion and consideration by the provider including additional consideration and assessment of risk and competing risks. For example, the impact

of controls (secured doors designed to control a possible safeguarding risk) on staff ability to safely monitor the resident and, the impact on fire safety and the evacuation procedure.

In summary, there were safeguarding challenges in this service due to the assessed needs of the residents but it was a good person-centred service where the support and care provided was responsive to the individual needs and abilities of the residents.

The next two sections of this report will discuss the governance and management arrangements in place and how these ensured and assured the quality and safety of the service provided to residents.

Capacity and capability

There was a clearly defined management structure in place. The centre presented as adequately resourced. Based on these inspection findings there was clarity on roles and responsibilities. The provider maintained good oversight of the service and the governance structure operated as intended.

For example, as referred to in the opening section of this report the person in charge was on planned leave and the inspection was facilitated by a CNM3 and the staff team on duty. The service manager also met with the inspector. The service manager, the CNM3 and all staff members spoken with had solid information about the residents, risks arising, plans such as safeguarding plans and procedures such as for reporting incidents and, seeking advice and support from the on-call management team.

The staff team confirmed that the person in charge maintained a regular presence in the house and was readily available to staff as needed. The person in charge who was a clinical nurse manager two (CNM2) was supported in the day-to-day management and oversight of the centre by a clinical nurse manager one (CNM1). Staff confirmed that the person in charge convened monthly staff meetings and staff were provided with induction and supervision.

The provider had quality assurance systems that included the annual review and, the quality and safety reviews required to be completed at least on a six-monthly basis. Based on records reviewed by the inspector these reviews were completed on schedule and each review monitored the progress of the previous quality improvement plan. Satisfactory progress was found.

Staffing levels and the staff-skill mix were suited to the number and the assessed needs of the residents. For example, staff spoken with were satisfied that the staffing levels were sufficient to allow them to implement the safeguarding plans. The matter arising was the staffing arrangements as there was no staff presence in the apartment between 12:00 and 07:00hrs. This is discussed in the next section of

this report in the context of risk management.

Regulation 15: Staffing

The inspector saw a planned and actual staff duty rota showing each member of staff on duty by day and by night and the hours that they worked. The staff skill-mix was comprised on nursing, care and household staff. Based on what the inspector observed, read and discussed there were adequate staff on duty each day to provide the care and support residents needed. The CNM3 confirmed that additional support was provided as needed. The inspector noted from records seen that staffing changes were made for example, to support a residents transition into the service. The CNM3 and staff spoken with were very aware of the need for continuity of staffing and described how residents could respond less well to staff that were not familiar to them. Regular relief staff who were known to the residents were available as needed. This was confirmed by a staff member met with while another staff member described how they had transitioned to this centre with the resident from their previous placement. There were two staff members on duty each night, a staff on waking duty and a staff member on sleepover duty. However, both of these staff were based in the main house and there was no staffing presence in the apartment from 12:00hrs to 07:00hrs. The inspector was not robustly assured as to the suitability and safety of this staffing arrangement. This is discussed and addressed in the next section of this report in the context of risk management.

Judgment: Compliant

Regulation 23: Governance and management

This was a well managed centre. There was a defined management structure that operated as intended by the provider. The centre presented as adequately resourced. For example, residents were provided with a safe and comfortable home and there were no specific staffing challenges reported to the inspector. Day-to-day management and oversight of the centre was the responsibility of the person in charge who was supported by a CNM1. The provider had formal quality assurance systems that maintained oversight of the effectiveness of this local management and oversight. For example, the six-monthly quality and safety reviews monitored and confirmed that other audits such as of fire safety, medicines management and personal planning were completed as scheduled. The reports of these reviews were available in the designated centre and overall, while quality improvement plans issued, reviewers found a good level of compliance and satisfactory implementation of the quality improvement plans. Staff spoken with confirmed that they had access to and support from the on-call nurse management team based on the nearby central campus. Staff members spoken with confirmed that regular monthly staff team meetings were held. Staff said there were no obstacles to staff raising with

management any issues or concerns staff might have about the quality and safety of the service.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policy and procedures for the receipt and management of complaints. These were available in the main hallway. Reviews such as the annual service review monitored the receipt and management of complaints. There were no open complaints at the time of this inspection. In the context of the assessed needs of the residents there were limitations as to how accessible the complaint procedure was to the residents. However, staff spoken with could clearly describe to the inspector how they sought to support resident understanding of the procedure and, how residents by gesture or purposeful words communicated their dissatisfaction with any aspect of their service; this was respected by staff.

Judgment: Compliant

Quality and safety

The care and support provided was individualised to the assessed needs of each resident. Residents had opportunity to be visible and meaningfully engaged in their local community and to remain connected to home and family. There were challenges to the quality and safety of the service as staff managed on a daily basis the risk of incidents occurring between peers. Day-to-day staff practice was, based on these inspection findings therapeutic and effective and, did not impact on the person centred ethos and atmosphere in the centre. However, the provider did need to revisit and reassess the impact on the quality and safety of the service provided in the apartment due to the environmental controls in place and the absence of a staff presence in the apartment at night.

Each resident participated in the process of personal planning. The inspector reviewed two personal plans and found that they were based on the assessed needs and preferences of the residents and included goals and objectives to be achieved with each resident. A staff member spoken with described how, notwithstanding the high support needs of the residents, residents clearly communicated what they wanted to do, what they did not want to do and, what they enjoyed doing. The care and support provided was informed and reviewed at regular intervals by the wider multi-disciplinary team (MDT).

The personal plan included the assessment of any healthcare needs and the care to

be provided so that the residents enjoyed the best possible health. As referred to in the opening section of this report staff spoken with were very familiar with each resident's personal plan.

For example, there were times when residents could exhibit behaviours that impacted on themselves, on staff and on their peers. This was something that required ongoing monitoring by the provider and active management by staff on a daily basis. However, the support and management strategies observed were unobtrusively integrated into the daily routines of the house. The support observed reflected the positive behaviour support plan and discussions with staff. For example, the inspector saw how one resident struggled with transitions and busy periods in the house. The inspector saw how the staff team provided empathetic support, reassurance and sensory diversion. The positive behaviour support plan was under review, there was a scheduled MDT and requests were in progress for outdoor sensory equipment for the resident. The inspector requested the CNM3 to review the status of these additional interventions.

Controls that met the definition of a restrictive practice were in place in response to risks such as for the risk of a resident leaving the centre without staff knowledge and, the safeguarding risk between residents. The inspector saw that risks, how they were managed and the use of restrictive practices was formally recorded, reviewed and discussed for example by the MDT and the restrictive practice committee. However, while the inspector saw that the arrangements in the apartment had been risk assessed and considered at MDT, the inspector was not assured by the safety of these arrangements for the resident in the apartment. The possible risk was heightened by an incident that had occurred the evening prior to this inspection. The inspector was assured that staff had responded appropriately to the incident. For example, staff reported the incident to the on-call management team who attended the house. The CNM3 assured the inspector that an emergency MDT was to be convened on the day of inspection and an urgent request for speech and language re-assessment (SALT) would be submitted in line with recently implemented policy and procedures. Prior to the conclusion of this inspection these actions were completed and additional controls of visual and audio monitoring of the kitchen in the apartment at night were put in place.

The inspector was satisfied that these restrictions were proportionate in response to the risk that had arisen. However, further follow-on MDT review was required of the arrangements in the apartment. For example, review of the level of risk that presented and if that risk warranted the securing of the apartment from the main house at night and, the risks that this control created to the quality and safety of service of the resident living in the apartment.

The inspector saw that the premises was fitted with the required fire safety measures. There was documentary evidence in place that they were inspected and tested at the required intervals. The evacuation procedure was also regularly tested. However, the evacuation procedure and the scheduling of simulated drills required review so as to better reflect the design and layout of and, the current operation of the centre particularly at night.

Regulation 10: Communication

The assessed needs of the residents included communication differences. The personal plan included details as to how residents communicated and the communication supports needed to ensure effective communication. Staff spoken with could describe to the inspector how residents communicated their needs, wishes and preferences. For example, by manual signing, facial expression, gesture, directing staff and, the use of purposeful words. The inspector observed no communication barriers between residents and the staff team on duty. Residents had access to and were supported to use a range of media and services.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have ongoing regular contact with home and family as appropriate to their individual circumstances. Staff maintained a record of family contact and family visits.

Judgment: Compliant

Regulation 13: General welfare and development

The staff skill-mix and ready access to the MDT ensured the evidence base of the care and support provided to each resident. One resident attended an off-site day service, another resident had one-to-one staff support each day and, a day service staff member worked with the staff team in relation to developing and delivering a range of activities for the remaining two residents. The inspector saw that the opportunities residents had reflected their particular needs and abilities. For example, one resident was physically very active and enjoyed a range of activities such as swimming, a movement class and equine activities. The other resident enjoyed a slower pace of life and was supported to staff to enjoy local walks, visit the local church and visit scenic amenities. Staff described how it was possible for and residents did enjoy shared trips and activities as they could travel separately and had one-to-one staff support once at the chosen destination.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had particular meal requirements in response to risks such as for choking. In addition, resident access to the kitchen was restricted but this was achieved in a way that ensured residents could observe staff prepare meals and refreshments and enjoy the aroma of meals been cooked. Staff spoken with were aware of these active risks and how they were controlled including each resident's safe eating and drinking plan. These plans were devised following SALT review. The inspector saw that the meals prepared by staff were properly and safely prepared, cooked and served. The menu for the day was displayed on a whiteboard in the kitchen. The inspector saw that residents looked forward to their meals and enjoyed the meals that staff provided. A resident smiled when the inspector noted their empty plate and asked the resident if they had enjoyed their lunch.

Judgment: Compliant

Regulation 26: Risk management procedures

There were procedures in place for the identification, management and review of risk. For example, the person in charge maintained a comprehensive range of risk assessments and staff spoken with were familiar with the providers incident reporting procedures. The inspector saw from records seen that corrective actions were taken following incidents such as seeking medical and MDT advice, review of the residents wellbeing and of the support plans in place. However, while the particular arrangements put in place in the apartment had been risk assessed and considered at MDT, the inspector was not assured as to how proportionate and safe these arrangements and controls were. The apartment was fully secured at night. The resident did not have the means to open the doors and there was no staff presence in the apartment between 12:00hrs and 07:00hrs. While there were two staff members on duty at night they were both in the main house. These were new arrangements for this resident who was reported to have had ready access to staff in their previous placement. Prior to this inspection the resident was reliant on staff in the main house hearing them if the resident required assistance or support. The resident was reported to have a good sleeping pattern and the ability to alert staff. On the day of inspection additional controls of visual and audio monitoring were put in place following an incident that had occurred the evening prior to this inspection. This incident and the additional controls put in place highlighted the need for the arrangements in the apartment to be reviewed and risk assessed again by the provider. The provider needed to assure itself that the night-time staffing arrangements in the main house and in the apartment were the most appropriate, that the securing of the apartment at night was proportionate to the risk identified and, that any and all adverse impacts on the resident's safety and quality of life were considered and responded to.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management systems were in place. These included the provision of fire safety equipment such as a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and protect escape routes. Simulated drills tested the fire evacuation procedure and each resident had a personal emergency evacuation plan (PEEP). However, the overarching procedure and the PEEPS required review as they lacked cohesiveness and did not comprehensively reflect the design and layout of the house, the specific arrangements in the apartment at night and, the role and responsibilities of each staff member in relation to evacuating both the main house and the apartment. Records were in place of regular successful fire drills that had been completed. However, the inspector saw no record of a drill that included the evacuation of both the apartment and the main house, of all of the current four residents and, their evacuation by minimum levels of staffing. A review was required of how the external and internal doors of the apartment were secured in night as there was some ambiguity about this. It was unclear if the doors were held closed solely by the magnetic devices or by the magnetic devices and activation of the thumb turn locks. The latter would mean that the doors in the apartment would not automatically release when the fire detection system activated.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were supplied by a community based pharmacy on the basis of the medicines prescribed for each resident. The inspector saw that medicines were securely stored and supplied on an individual resident basis. The record of the medicines administered by staff was consistent with the medication prescription. There were procedures for monitoring and reviewing any medicines related incidents that occurred. Records seen such as the providers quality assurance systems did not indicate any concerning pattern of such incidents. There were procedures for monitoring the use of any as needed medicines. Medicines, their impact and effectiveness were considered during clinical reviews.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The personal plans reviewed by the inspector were based on the assessment of the resident's needs, abilities and preferences. Residents and their families were consulted with and invited to participate in the process of personal planning. The personal plans included information on how resident's personal goals were identified and progressed. There was documentary evidence of regular referral to and input from the MDT in relation to reviewing the effectiveness of the plans.

Judgment: Compliant

Regulation 6: Health care

Plans were in place to support residents to enjoy the best possible health. Records seen confirmed that staff monitored resident health and well-being and ensured that residents had access to the clinicians and services that they needed. Many services were available from the provider's own MDT. The staff-skill mix in the designated centre included nursing staff. There was a preventative and health promoting ethos to the care provided with particular staff completing health checks, residents were supported to avail of seasonal vaccinations and, regular blood-profiling was completed to monitor general well-being and the impact of prescribed medicines.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents could be challenged by particular events and changes and could exhibit behaviour in response. This behaviour could impact on the resident themselves, on their peers and on staff. Staff spoken with very familiar with the positive behaviour support plan, triggers for behaviour, how to reduce the risk of incidents occurring and how to respond to them. Staff were noted to be attentive and therapeutic in their response. The provider was aware of and sought to minimise the level of restrictions that residents were exposed to in their home and in their daily routines. The inspector saw that staff used accessible materials such as a social story to discuss with a resident the need for restrictions such as the restricted access to the kitchen. However, further review of the arrangements in the apartment, the restrictive nature of the residents environment and the impact of this on the quality and safety of their service was required. This is addressed in Regulation 26: Risk management procedures.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policy and procedures. Staff spoken with confirmed that they had completed safeguarding training. Staff were aware of their responsibility to report any concerns they may have and how to report them. Staff were aware of the risk for incidents to occur between residents and the strategies in place to protect residents from harm by their peers.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the designated centre was operated with due regard for the needs, abilities, preferences and circumstances of each resident. Notwithstanding the high support needs of the residents staff spoken with could clearly describe how residents expressed their needs and choices such as when they went to bed, what clothes they choose to wear and what activities they choose to participate in. Residents were supported to maintain contact with family and home and to express their religious preferences where this was important to them.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group P OSV-0005574

Inspection ID: MON-0044536

Date of inspection: 27/08/2024

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 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 risk assessments for the resident who resides in the apartment have been reviewed by the Providers Quality Risk and Safety Advisor on 05/09/2024 and all risk assessments updated accordingly. The updated risk assessments were discussed at team meeting on 06/09/2024.</p> <p>The Providers Restrictive Practices Committee is scheduled to review all restrictive practices for this designated centre on 26/09/2024.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PEEPs have been reviewed and updated to ensure all information is documented. The providers Quality Risk and Safety Advisor reviewed same on 19/09/2024.</p> <p>There was a nighttime fire drill of the current four residents completed on 15/7/2024 with minimum staffing. Day fire drill completed on 19/09/24 of the current four residents.</p> <p>The external doors have been reviewed; these doors are held closed solely by the magnetic devices. To avoid confusion the thumb turn locks have been removed.</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 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	26/09/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	19/09/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	19/09/2024

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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