



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Saleen Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	10 October 2024
Centre ID:	OSV-0008582
Fieldwork ID:	MON-0043056

## About the designated centre

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

Teach Saleen residential service provides residential care to two male residents. The centre comprises two semi-detached houses located in a modern housing estate on the outskirts of a large town in Co. Mayo. The homes are in walking distance to a range of amenities including shops, restaurants, pubs, cinema, bowling alley and swimming pool. One resident lives in each house. Residents are supported by their own team of social care staff under the management of a person in charge and an assistant manager. Sleepover cover is provided each night in the two houses. The houses are designed and decorated to meet the specific needs of each resident and in line with their individual preferences. Each house has a kitchen/dining area, sitting-room, downstairs toilet. Upstairs in each house, there is a bathroom with shower facilities and three rooms including resident bedrooms, a leisure room and staff bedrooms. Each resident has individual transport to access day services and community based activities.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 10 October 2024	11:30hrs to 18:30hrs	Angela McCormack	Lead

## What residents told us and what inspectors observed

Overall, this inspection found that person-centred care and support was provided to residents living in Teach Saleen residential service.

This inspection was the first inspection since the registration of Teach Saleen in November 2023. The inspection was completed to monitor compliance with the regulations. A short notice announcement was given. On arrival to the centre the inspector met the person participating in management (PPIM) who was present throughout the inspection. The person in charge and assistant manager were on leave on the day. A document called 'Nice to Meet You' that inspectors use to help support residents in understanding the purpose of the visit was given to the staff to aid residents in understanding why the inspector was visiting their home.

This centre is run by Western Care Association in Co. Mayo. Due to concerns about the governance and oversight of Western Care Association centres and its impact on the well-being and safety of residents, the Chief Inspector of Social Services undertook a targeted safeguarding inspection programme which took place over two weeks in March 2023 and focused on Regulation 7 (Positive behaviour support), Regulation 8 (Protection), Regulation 23 (Governance and management) and Regulation 26 (Risk management procedures). The overview report of this review has been published on the HIQA website. In response to the findings of this review, Western Care Association submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors have now commenced a programme of inspections to verify whether these actions have been implemented as set out by Western Care Association, but also to assess whether the actions of Western Care Association have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Mayo. At the time of this inspection a number of actions had been implemented, with others nearing completion. These will be discussed under each regulation later in the report.

Teach Saleen provided care to two residents. It comprised two semi-detached houses, with one resident living in each house. One resident received full-time residential care. The other resident spent a number of nights in Teach Saleen and some planned nights at home with their family. Both residents had one-to-one staff including a sleep-in staff in each house every night. In general, residents were staffed by a consistent staff team. One part-time staff vacancy was in progress for completion at the time of inspection.

The inspector met with both residents and three staff throughout the day. One resident was out at their day service when the inspector arrived. They were met with in the evening. Another resident did not attend an external day services, but carried out activities from Teach Saleen each weekday. They were observed coming and going to various outings throughout the day. They were met with briefly on their return to the house. Residents acknowledged and communicated in their own

way with the inspector. The inspector did not get to spend much time with residents due to their needs and wishes. Therefore, the inspector relied on speaking with staff, observations and reviewing documents to try to establish the lived experiences of the residents.

Residents were reported to be close to their family members, with frequent visits occurring. Family members of one resident were made aware of the inspector's visit and given an opportunity to speak with the inspector. They were unable to speak with the inspector as they were busy at that time. The other resident's family members were out of the country at the time of inspection, and therefore were not spoken with.

Staff members spoken with said that residents were getting on well in their new homes. They felt that residents' quality of life had improved since their move to Teach Saleen. The inspector was informed that residents enjoyed a wide variety of activities in their local community. These included going to the gym, bowling, going for walks, playing football and going on day trips. In addition, residents were supported to link in with the wider community through doing volunteer work and helping out in the community.

Each resident had their own dedicated staff team. This allowed opportunities for residents to do individual activities and to live their lives the way they wished. New staff members received a comprehensive induction to the service before working alone. Staff spoken with felt that this arrangement supported residents to get to know their staff and for new staff to get to know residents' and their needs. This demonstrated a commitment to providing a safe and high-quality service that was respectful of residents' possible anxiety around unfamiliar staff.

Staff undertook training prior to starting in the centre. However, one necessary training to support a resident's health care need was required by some staff members. This will be elaborated on under Regulation 16: Staff training and development. When asked by the inspector, one staff said that they completed 'Human Rights' training. Staff spoke about residents in a respectful and caring way. Observations were that staff knew residents well and treated them with dignity. Residents appeared comfortable around their support staff. It was clear that residents knew the PPIM well also. Residents were supported to access independent advocacy services, as required. In addition, there were a range of easy-to-read booklets and documents available to support residents to understand various topics such as safeguarding, complaints and decision-making.

The houses were beautifully decorated, warm, and clean. It was clear that the homes were designed with residents' individual preferences and needs in mind. One resident was reported to prefer minimal furnishings, and this was respected. The paint colours, choice of furniture and panelling in the rooms helped to create a warm and homely atmosphere. Residents had access to televisions and music players in their homes. One resident had converted a room upstairs to a computer room that they used for watching DVDs and going on the internet to watch 'YouTube' clips.

Overall, Teach Saleen was found to provide a person-centred service to residents, where their individual choices about how they lived their lives were respected.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and describes how governance and management affects the quality and safety of the service provided.

## Capacity and capability

Overall, the centre was found to have good compliance with the regulations assessed. There was a good governance and management structure in place. The systems for monitoring the service by the local management team were found to be effective in improving the quality of care. However, staff training was an area that required improvements to ensure the provision of safe care and support.

The inspection was facilitated by the PPIM. They appeared knowledgeable about the service and needs of residents. It was evident that they were actively involved in overseeing the care and support in the centre. The local management structure comprised a person in charge and an assistant manager, both of who were on leave on the day of inspection. Both had responsibilities for the operational management of the centre. The person in charge commenced in their role in July 2024. This was the second person in charge for Teach Saleen since its registration.

The safety and care provided in the centre was monitored through a range of audits. This included an unannounced provider audit that was completed in February 2024. A further unannounced visit by the provider was completed the week of the inspection. The report was not yet available; however the PPIM was aware of some actions identified including training gaps. The senior management team had also identified a number of gaps in documents that were in the process of being addressed by the person in charge. This included gaps in the contracts for the provision of services.

The centre was staffed with a skill mix of social care workers and support workers. There was one staff vacancy at the time of inspection that was in progress for recruitment. Staff members were supported through induction programmes, training modules and supervision meetings with their line manager. The centre's training needs analysis was recently completed. It included mandatory and site specific training. The inspector found that some of the required training was not up-to-date.

Overall, this inspection found that there were good systems in place for the management of the centre. Some improvements were required to enhance the safety of care. These had been identified by the management team; however these actions required completion to ensure the safety of residents at all times.

## Regulation 15: Staffing

Residents living in Teach Saleen were supported by social care staff. Both residents were supported on a one-to-one basis, with one sleepover staff each night in each house. A comprehensive induction process was in place, which included 2:1 staffing for a period of time before working alone. This was reported by the management team to be very effective in supporting one resident to get to know their support staff. Staff spoken with also said that this arrangement supported them in gaining the skills and confidence in working in the centre.

A planned and actual rota was in place, of which one month was reviewed. Residents in general had their own dedicated staff team who knew them well. A sample of three staff files were reviewed on the day of inspection. The following actions were required:

- There was one part-time staff vacancy that required completion. This would help ensure continuity of care was provided and that the centre was resourced in line with the statement of purpose.
- One staff file reviewed did not include the person's job description, which is a requirement under Schedule 2 of the regulations.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff members were supported to develop their skills and competencies through ongoing training. In addition, staff members were supported through regular supervision meetings. Team meetings also occurred regularly which again gave staff support and offered opportunities for discussions and concerns to be raised. A sample of three staff files reviewed showed that staff were supported through meetings with their line manager. Staff spoken with said that they felt well supported.

A training needs assessment had been completed recently which outlined the training requirements of the centre. This included training that was identified to meet the specific needs of residents to enhance the supports provided. In general, training was up to date and staff were nominated for training where they were found to be out of date for refresher training. However, the following was found;

- Not all staff working with one resident had training in the emergency medication that was required for their support. This related to two new staff who were in temporary positions. While a risk assessment had been completed to assess the risks of this, with control measures in place, this training was required to support the resident in a safe manner. This gap in staff training meant that there could be a risk that staff supporting a resident



with epilepsy would not be fully trained in administering the required medication . On the day of inspection, one staff member working with this resident did not have the full training completed. This risk was mitigated on the day by the PPIM.

Judgment: Not compliant

## Regulation 23: Governance and management

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 12 actions aimed at improving governance arrangements at the centre. The provider aimed to have all actions completed by 31/01/2024. At the time of the inspection, nine actions had been completed with the remainder in progress.

The completed actions included the appointment of new senior management posts, a review of the organisation's policies and procedures, the re-establishment of a human rights committee, quarterly incident reviews through the incident monitoring and oversight committee, the implementation of an online staff training plan, and unannounced provider audits completed by objective personnel on behalf of the provider.

Some other actions in progress and not yet completed included:

- The suite of audits for centres was under review by the provider, with some audits transferred to an online system, with a plan for a further roll-out of all audits to be transferred to an online system.
- Regulatory training events for staff were ongoing.
- The inspector was informed that a formal organisation-wide on-call arrangement had been agreed and was due to be commenced by the end of October 2024.

The inspector was informed that the information technology system being developed for completing audits online would be very beneficial to the management team and provider. It was felt that this would provide more accessible oversight and monitoring of centres and would be a more time efficient system. The inspector was informed that communication had improved with regular area meetings and person in charge forums, where learning was shared among services. In addition, the findings from the incident review group's data collection was shared at area meetings. The inspector was informed that this helped to identify trends in incidents that occurred among services.

Within this centre, there were good management and governance arrangements. There was ongoing monitoring of the centre through local management audits and through the provider's six monthly unannounced visits. The inspector was informed that the annual review of the service was due to commence after the year's

registration. Audits were generally found to be effective in identifying areas for improvements. Some actions identified by the provider and local management team were in progress and not yet completed. This included gaps in training, staffing and contracts of care. Actions to comply with these areas are covered under each specific regulation.

In addition, the following was found:

- There were gaps in the documentation associated with the monitoring of residents' personal goals and priorities. Personal goals that residents identified were not reviewed every four months as required by the provider's policy. This meant that it was not clear from the documentation if some of the goals had been met or not. While this gap in documentation was low risk to residents, it could impact on how residents' personal goals were reviewed as to their effectiveness.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

From a review of one resident's care plan and through discussions with the staff team and PPIM, it was clear that the resident was supported in their transition to their new home at Teach Saleen. Visits were arranged prior to the move and the resident's family representatives were involved in supporting the resident with the design and decor of their new home.

Residents had individual service agreements which outlined the contracts for the provision of services. However, the following was found:

- There were gaps in the written agreements for residents. For example, there were blank spaces under some fees to be charged and some pages were missing. The PPIM said that these were under review at present and that the revised documents were with the person in charge and were not available for review on the day of inspection. Therefore, it was not clear that residents had signed the written agreements or if the written agreement fully met the requirements of this regulation.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was an up-to-date statement of purpose for the designated centre in place. This included all of the information that is required under Schedule 1 of the

regulations.

Judgment: Compliant

### Regulation 30: Volunteers

The provider had an up-to-date policy and procedure in place for volunteers. The service did not use volunteers at this time. The policy outlined procedures to ensure that any prospective volunteer was Garda vetted prior to doing volunteer work. It also outlined the arrangements to provide training, induction and support to volunteers and to ensure that their roles were clearly outlined.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that all the incidents that are required to be notified to the Chief Inspector were completed within the time frame set out in the regulations.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider ensured to notify the Chief Inspector about the absence of the person in charge, and about the appointment of a replacement person in charge. This was completed within the time frames outlined in the regulations.

Judgment: Compliant

## Quality and safety

Overall, good quality care and support was provided to residents living in Teach Saleen. However, some improvements were required in the documentation maintained. This would ensure that plans could be reviewed as to their effectiveness.

Assessments of need were completed that outlined the staffing requirements to support residents' care. There were a range of care and support plans in place. These provided clear guidance to staff on the supports required to meet residents' assessed needs. These included behaviour support plans and communication plans. In addition, residents were supported to identify personal goals for the future. However, there were gaps in the progress notes which meant it was not clear if goals were met.

The service was found to promote a rights-based culture. There were a range of easy-read documents to support residents' understanding of topics. These included information on rights, equality, and supports with decision-making. Residents were supported to lead meaningful and self-directed lives. Residents' choices and preferences were respected with regard to their homes and their individual activities. Staffing arrangements and individual transport facilitated residents to have the autonomy to make day-to-day choices and carry out preferred individual activities.

Systems and practices in place in the centre helped to promote the safety and protection of residents. These included a range of policies and procedures in areas such as risk management, safeguarding, behaviour support and restrictive practices. There was good management of risks in the centre. Incidents were kept under ongoing review. Risks were assessed and monitored. These included individual risks that could affect residents, including risks associated with staff training gaps. There were also good fire safety arrangements, which further ensured that the service was safe and to a good quality.

Overall, this inspection found that the service provided was person-centred and ensured that residents were treated with respect and dignity and that their individual interests were listened to and promoted.

## Regulation 10: Communication

The provider had a communication policy in place which outlined a 'Total Communication Approach' to supporting residents with communication. Residents living in Teach Saleen had limited verbal communication. Residents' preferred communication methods were outlined in their individual care plans. These care plans were found to be updated since their move to Teach Saleen. Staff spoken with described how residents communicated their choices and preferences. A referral had recently been made to speech and language therapy (SALT) services for one resident to further support and enhance their communication methods. The multidisciplinary team (MDT) member had visited the centre in June. The inspector was informed that a revised communication profile would be developed for this resident.

Residents had access to televisions, music players, computers and the internet in line with their individual preferences.

Judgment: Compliant

### Regulation 11: Visits

The provider had an up-to-date visitor's policy in place. The inspector was informed that residents enjoyed receiving visitors to their homes. One resident had weekly planned visits with their family. Both houses in Teach Saleen allowed for suitable space and facilities for residents to have visitors in private if they so wished.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents' preferences on how they spend their days and weeks were respected. One resident attended a training centre Monday to Friday each week, while another resident was supported to do day activities from their home. This demonstrated a person-centred approach to care.

Each resident was supported by a dedicated staff team and had one-to-one support while living at the centre. This facilitated residents to take part in individual activities that were meaningful to them. The inspector was told that residents enjoyed being active. They were supported to do a range of activities to enhance their health and wellbeing. These included going for long walks and hikes, playing football, swimming, bowling and going to the gym.

Judgment: Compliant

### Regulation 17: Premises

Both houses that comprised Teach Saleen designated centre were designed and laid out to meet the individual needs of each resident. The houses were clean, spacious and well maintained. Each house was decorated and personalised in line with residents' likes and individual tastes.

Judgment: Compliant

### Regulation 26: Risk management procedures

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete three actions aimed at improving risk management arrangements at the centre. The provider aimed to have all actions completed by 31/10/2023. At the time of the inspection, two actions were completed and one was in progress.

The completed actions related to ongoing quarterly reviews of incidents by the incident monitoring and oversight committee and incident management training. The inspector was informed that the data collated from the incident and monitoring group was discussed at area meetings, where trends in incidents were reviewed.

The following action was in progress and not yet completed:

- The final draft of the revised risk management policy and procedure was not completed.

Within this centre, there were good arrangements for the management of risks. These included ongoing reviews and discussions about incidents that occurred and the development of personal risk management plans (PRMP). Resident's individual PRMPs were reviewed and clearly outlined possible risks to individual residents' health and safety. These also included the control measures required to reduce these possible risks. Staff spoken with were knowledgeable about risks that could affect residents.

The service also had a range of policies and procedures to guide staff in how to manage and mitigate risks, including policies in risk management, infection prevention and control (IPC) and fire safety. In addition, there were emergency plans and safety statements developed for this centre.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were arrangements in place for fire safety and for the ongoing monitoring of fire safety arrangements in the homes. These included; fire containment measures, suitable fire fighting equipment, a fire alert system, fire safety checklists and evacuation plans.

Fire safety measures in the centre were kept under review through regular checks. Both residents had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre.

The fire drills reviewed demonstrated that residents could be evacuated to safe locations in the event of a fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment of residents' needs were completed. Care and support plans were in place for any identified need. Residents and their family representatives were involved in reviews of the care and support needs through review meetings and 'circle of support' meetings.

The inspector reviewed both residents' individual care plans. In general, the information was up-to-date. However one area required improvement. This is covered under Regulation 23: Governance and management, and related to gaps in the documentation for reviewing residents' personal goals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete seven actions aimed at improving behaviour support arrangements at the centre. The provider aimed to have all actions completed by 30/06/2024. At the time of the inspection the provider had completed six of these actions.

Actions that were completed included the appointment of additional posts in psychology and behaviour support and the establishment of clinical and governance oversight committees. The policy and procedure for behaviour supports had been revised and procedures and referral pathways for multidisciplinary team (MDT) supports had been outlined. The inspector was informed that a new head of psychology services had recently commenced in the organisation and that the 'inter clinical team working policy' was due to be implemented soon.

The following action had not been completed at the time of inspection:

- 'Neurodiversity' training programme for all staff.

Within this centre, residents were supported with behaviour management and stress reduction. Where required residents had behaviour support plans in place that included input from MDT, such as behaviour specialists. Staff spoken with were aware of how best to support residents with stress management. Incidents were kept under ongoing review and it was clear that every effort was made to establish the causes of behaviours and upset experienced by residents.

In addition, there were ongoing reviews of restrictive practices in the centre. These

reviews demonstrated a rights based approach to care. There were clear rationales outlined for restrictions and the risks of not having the restriction were reviewed and every effort to reduce restrictions, where possible, was considered.

Judgment: Substantially compliant

## Regulation 8: Protection

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete five actions aimed at improving safeguarding arrangements at the centre. The provider aimed to have all actions completed by 31/10/2023. At the time of the inspection, four actions had been implemented. The following required completion in line with the provider's action plan:

- Face-to-face safeguarding training was required for three staff members.

Within this centre residents' protection was promoted through ongoing reviews of incidents and through discussions about safeguarding at team meetings. In addition, there were policies and procedures in place for safeguarding vulnerable adults and for the provision of personal care. These documents provided guidance to staff about how to promote residents' safety and protection. Residents had personal and intimate care plans in place which outlined clear guidance to staff on where supports were required and about how to give those supports.

At the time of inspection, there were no safeguarding concerns in this centre.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The centre was found to promote a rights-based service. Residents were treated respectfully by their support staff. This was observed in practice and through the way in which staff spoke about residents and the choices they made. There were appropriate staff in place to support residents to do individual activities and live a life of their choosing. Residents were consulted about their day-to-day lives and choices made were respected. For example, one resident was reported to enjoy going shopping to pick out the groceries that they liked.

Residents were provided with information on rights and advocacy services in an easy-to-read format. One resident had been referred for independent advocacy services. There were easy-to-read documents on various topics to support residents'



understanding of issues such as safeguarding and making decisions.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Saleen Residential Service OSV-0008582

Inspection ID: MON-0043056

Date of inspection: 10/10/2024

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Vacancy has been filled since time of inspection with staff on permanent contract.            The Person in Charge will ensure all staff files contain all documentation required under Schedule 2. Job Description was added to staff file on day of inspection.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            All staff have Basic Medication training and have now completed the online part of Epilepsy Management training.</p> <p>The Person in Charge has nominated the two remaining staff for the face to face part of this training, this will bring training in Epilepsy Management to 100%.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

The Person in Charge has reviewed all residents personal goals and will review and update these every 4 months as required.

In addition, monthly audit of daily logs are now being completed as is monthly resident meeting which will identify progress on Personal Goals.

Regulation 24: Admissions and contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The Person in Charge has reviewed all individual service agreements and these now are reflective of service provided.

All agreements have now been signed.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Risk management Policy is currently in the latter stages of review by QQSI department, Health and Safety Officer and the Senior Management Team.

This will be rolled out to services in January 2025

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Person in Charge has nominated all staff for Neurodiversity training, 2 staff have completed training since inspection.

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All staff have completed online safeguarding training as required by regulation and in accordance with the Statement of Purpose. The Person in Charge has nominated 3 staff for face to face training to further enhance their skills.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	02/12/2024
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	02/12/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional	Not Compliant	Orange	02/12/2024

	development programme.			
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	31/12/2024
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	02/12/2024
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	31/01/2025
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that	Substantially Compliant	Yellow	28/02/2025



	is challenging including de-escalation and intervention techniques.			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	02/12/2024