

# eDeposit Ireland

## Ardeen Cheshire Home, OSV-0003456, 11 July 2023

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Ardeen Cheshire Home, OSV-0003456, 11 July 2023', [report], Health Information and Quality Authority, 2023-10-26, Disability, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-06-10 12:42:34
Link to Item	<a href="https://hdl.handle.net/20.500.14765/109978">https://hdl.handle.net/20.500.14765/109978</a>



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

## Issued by the Chief Inspector

Name of designated centre:	Ardeen Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	11 July 2023
Centre ID:	OSV-0003456
Fieldwork ID:	MON-0031549

## About the designated centre

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

The designated centre comprises of fifteen self-contained bungalows, each have a sitting room, kitchen, bathroom and bedroom. Two of the bungalows have two bedrooms. There is a three bedroom bungalow which has three large en-suite bedrooms and provides respite service. There is accommodation for a maximum of 22 residents, and the provider describes the service as being offered to people who have a physical disability or neurological condition, and sometimes secondary disabilities which could include a learning disability, mental health difficulties or medical complications like diabetes. Ardeen Cheshire staff aim to support people in different areas of their lives including assistance with personal care and grooming, health support, social supports and liaising with relevant health professionals. Support offered may also include assistance with activities such as home maintenance, preparation and eating of meals, assisting with cleaning duties and grocery shopping, and the paying of bills. The centre employs one full-time person in charge, a CMN2, staff nurses, social care workers, care support staff, catering, housekeeping/cleaning, drivers, laundry and maintenance staff including a community employment (CE) supervisor and CE participants.

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

Number of residents on the date of inspection:	12
--	----

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 11 July 2023	10:00hrs to 16:15hrs	Marie Byrne	Lead
Tuesday 11 July 2023	10:00hrs to 16:15hrs	Karen Leen	Support

## What residents told us and what inspectors observed

Overall the findings of this inspection were that this was a well managed and well-run centre. Residents were supported by a staff team who were familiar with their care and support needs. Overall, the bungalows and houses were warm, clean and homely. The provider was aware of areas where improvements were required particularly in relation to the premises, contracts of care, staffing, and staff training and development. They had a capital expenditure plan in place to track the premises works that had been completed, and those that were due to be completed. Significant works had been completed since the last inspection, and some renovations were being completed at the time of the inspection.

The inspectors of social services had the opportunity to meet and engage with nine of the 12 resident living in the centre at the time of the inspection. A number of residents had appointments or were out and about when inspectors visited. In addition to meeting nine residents, 11 residents completed, or were supported by staff to complete questionnaires which had been sent to the designated centre in advance of this announced inspection, in order to capture their views on aspects of care and support in the centre. Residents indicated they had been living in the service between one and 50 years. Feedback in the questionnaires was overall very positive. Example of what was written in questionnaires included, ' I like it here', "its amazing", "very happy", "happy enough with everything", "I am happy with the service I receive", "well supported", and "staff are good".

Residents also identified areas where they required support or would like to see improvements. For example, they indicated in their questionnaires that they had preferences in relation to how their laundry is done, how their bed is made, and asked that staff check with them to make sure they are supported in line with their preferences. One questionnaire indicated that some staff who did not work with one resident regularly, were not familiar with their means of communication. Other questionnaires indicated that they would like to go out more often, would like more space for their belongings, and one resident indicated they would like to be involved in less activities. Some residents reported they were very happy with the food while others would like the food to change. For example, they would like to try new types of food and drinks, a bit more food on the plate, and meals in the evening times. They had also raised similar concerns in the surveys that they completed as part of the provider's annual review of care and support. In response, further surveys had been completed by the provider and actions were ongoing at the time of the inspection.

Residents listed things they likes to do in their questionnaires such as, spending time in the like garden or sensory garden, watching the birds, bingo, table quizzes, karaoke, word games, fitness fun, mind gym (relaxation classes), arts and crafts, going to the zoo, shopping, meal out, meeting family and friends, going to day service, concerts, going to the beautician or for a massage, "retail therapy", chatting and spending time with staff, going for food and a pint, going to the barbers for a

hot shave and a hair cut, and going to country music events. They indicated in their questionnaires that they were happy with complaints process, and when made complaint how it was dealt with. Two residents stated that their complaint was "dealt with quickly", and another resident saying they felt "listened to".

Throughout the inspection, inspectors had opportunities to meet and speak with residents either in the main house, or in their houses. Inspectors observed residents spending time in their homes, engaging in activities in the main house, and moving round the grounds with staff. In the morning time they were observed spending time chatting with staff, listening to music, watching television, and taking part in karaoke on a large screen in the main house. In the afternoon they were observed coming back from day services or trips with staff, and there was a live music event in the main house which a lot of residents attended. They were observed engaging with the entertainer and singing along. Throughout the inspection staff were observed to knock on residents' doors before entering their homes, and kind, caring and respectful interactions were observed between residents and staff throughout the inspection.

Residents spoke with inspector about how they liked to spend their time, things they had done, and things they were looking forward to. They spoke about trips they had taken both abroad and in Ireland. They spoke about their favourite music and artists, and recent trips they had enjoyed such as going shopping and to the cinema.

A number of residents told inspectors they felt happy and felt safe in their homes. They were complimentary towards the staff team and spoke about what they would do if they had any complaints or concerns. Another resident communicated with the inspector about their journey to securing their own home. They spoke about difficulties they encountered and about how they had advocated for themselves and fought for their right to live in a home which suited their needs and wishes.

Residents houses and bungalows contained their personal belongings and they had their pictures and favourite items on display, including art works, pictures of sports teams, and pictures of their friends and families. Every effort had been made to ensure that residents' homes were accessible and that there was equipment in place to meet their needs. For example, there were ceiling hoists in place and shower chairs and trolleys available, as required. There was a central kitchen and dining room but residents had cooking facilities and storage facilities for food and snacks in their homes if they wished to use them. Some people like to have some meals and snacks in their homes while others like to use the canteen facilities. Residents were supported to shop for food and snacks if they so wished.

As previously mentioned works had been completed in a number of bungalows, and this had resulted in these areas appearing more homely and comfortable. Similar work was planned in other bungalows. One resident spoke about their involvement in decorating their home. They spoke about picking their own curtains and the colour on the walls. They also spoke about their favourite items and how comfortable they were in their home. They were also very complimentary towards

the staff team, and food in the centre.

There were two residents in respite at the time of the inspection. One respite user appeared content and comfortable in respite and to be very comfortable in the presence of staff. Staff were very familiar with their communication preferences and warm, kind, and respectful interactions were observed. The other respite user said they loved coming to respite particularly because of the "lovely views and good care".

Inspectors reviewed the complaints and compliments logs in the centre. There was evidence of follow up in relation to complaints and the six complaints in 2023 and they were all closed to the satisfaction of the complainant. Some examples of excerpts for the complaints and compliments folder included, "delighted with the care and support", "thank every staff for hard work", thanks staff for "going above and beyond", "... is so happy and well cared for".

There was information available and on display in relation to the availability of independent advocacy services and the confidential recipient. In addition, inspectors viewed evidence that residents had engaged with independent advocacy services. As previously mentioned, residents' input was captured as part of the provider's annual review of care and support. A survey had been completed by 12 of the 13 residents living in the centre at the time of the provider's annual review. A high percentage of residents were happy with their home, mealtimes and supports, involvement in their local community, their choices in relation to their activities of daily living, and dignity, respect and privacy. The majority of residents were happy with staff supports with the exception of the "ease of talking" to some staff, and "staff listening". Overall, the areas where residents identified the highest levels of dissatisfaction related to meal supports, social supports, and access to some activities. The person in charge was following up on a number of issues raised by residents in their reviews, and tracking these actions while attempting to resolve the issues. For example, following the survey for the annual review a number of further resident surveys were completed in relation to food and mealtimes. Overall, inspectors found that the surveys were being used to contribute to quality improvement initiatives in the centre.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall the findings of the inspection were that the provider and the local management team were identifying areas for improvement in line with the findings of this inspection. A number of improvements had been brought about since the last inspection including premises works, the recruitment of a person in charge, and improvements in terms of auditing, oversight, and monitoring in the centre. The

provider was aware that further improvements were required in relation to the premises, contracts of care, staffing, and staff training and development.

The person in charge had commenced in post in November 2022 and they were found to be knowledgeable in relation to residents' care and support needs. They were also found to be self-identifying areas for improvement and were motivated to ensure that residents were living a good life. Inspectors found that they were using audits and reviews to develop quality improvement plans for the centre.

There were effective systems in place for the day-to-day management of the centre. There were documents which identified the required actions and tracked when they were due for completion, or completed. Regular audits were being completed and the actions from these were leading to improvements in relation to residents' care and support and their homes. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were being completed in a timely fashion.

The staff team were working with each resident to develop and maintain their independence. They were also supporting them to identify and record their likes, dislikes and preferences, and to set goals for things they would like to experience. Kind, caring and respectful interactions were observed between residents and staff throughout the inspection. Staff were observed to pick up on residents' communication cues and to respond appropriately. Residents who spoke with inspectors described staff as "excellent", "wonderful", and "so good".

Improvements were required to the maintenance of rosters to ensure they clearly identified staff who were on duty, and the skill-mix of staff daily. For example, from a sample of rosters reviewed, it was not clear that all the required shifts were covered. The provider was found to be responding to residents' changing needs and were keeping the skill-mix under review, particularly at night-time. Planned and unplanned leave was mostly covered by regular staff completing additional hours. This was contributing to the continuity of care and support for residents. There was a 39 hour vacancy in the centre at the time of the inspection and the provider was in the process of recruiting to fill this vacancy.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. However, a number of staff required training or refresher training and this will be detailed under Regulation 16. From a review of a sample of staff files, staff were in receipt of regular formal supervision. A number of staff told inspectors they were well supported in their role, and were aware of who to escalate any concerns they may have in relation to residents' care and support. There were a number of live-in volunteers in the centre and they were in receipt of training, support and supervision by the local management team.

## Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience to fulfill the role. They had systems in place to ensure the effective governance, operational management and administration of this centre.

Judgment: Compliant

### Regulation 15: Staffing

There was a 39 hour staff vacancy in the centre at the time of the inspection and the provider was in the process of recruiting to fill this. In the interim, regular staff were completing additional hours to cover planned and unplanned leave.

Planned and actual rosters were in place, but some improvements were required to ensure they clearly identified the staff on duty, and the skill-mix of staff. The inspectors acknowledge that they were presented with updated rosters later in the inspection, but further improvements were also required to these as the full name of the staff on duty was not present. The inspectors found that the provider was in the process of reviewing staff number and the skill-mix of staff in line with two upcoming resident admissions, and in line with residents' changing needs.

A sample of staff files were reviewed and found to contain the information required by the regulations.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs. However, a number of staff required training or refresher training. Inspectors were shown the training plan which showed that staff were booked onto upcoming trainings in areas such as manual handling, fire safety awareness, first aid, positive behaviour support, and medication management. The remaining training and refreshers were online and it had been identified which staff were due to complete these.

Staff were in receipt of regular formal staff supervision in line with the organisation's policies and procedures. Staff who spoke with the inspectors said they were well supported in their role. Staff meetings were occurring regularly and agenda items varied.

Judgment: Substantially compliant

### Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. There was a clear focus on quality improvement in the centre.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six-monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and the actions on foot of these audits and reviews were resulting in improvements in relation to residents' care and support and in relation to their homes.

Judgment: Compliant

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

Residents had contracts of care in place; however, some had not been recently reviewed and updated to reflect recent changes to charges.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

There were two live-in volunteers at the time of the inspection. They had started a number of weeks before the inspection and had their roles and responsibilities in writing and they were in receipt of regular formal supervision and support. They were completing an induction programme and were in receipt of same training.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector of Social Services was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

## Quality and safety

From what the inspectors observed and were told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community. Work was ongoing with residents to ensure they were developing and reaching their goals, and engaging in activities they enjoyed in their local community.

Residents were actively supported and encouraged to connect with their family and friends. They were being supported to be independent and to be aware of their rights. One resident communicated with an inspector about their rights, self-advocacy, and about how important it was for them to have their rights respected. Residents were being supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to access day services, and to take part in activities in their local community in accordance with their interests.

In their questionnaires for this inspection, and in the surveys for the provider's annual review, a number of residents indicated they were happy with the

arrangements for visitors, and how welcome their visitors were made. There was a visitors' policy in place, and visiting arrangements were detailed in the statement of purpose and residents' guide for the centre.

The provider was aware that improvements were required in relation to the design, layout and accessibility of areas of the centre to ensure it was suitable to meet residents' needs. They had secured funding to complete some of the required works and plans were in place to make some areas of the houses more homely during renovation works. Some of the works that had been completed, and some of the planned works are further detailed under Regulation 17.

Residents, staff and visitors were protected by the policies, procedures and practices relating to infection prevention and control (IPC), and risk management in the centre. The provider had developed procedures and contingency plans in relation to emergencies, and outbreaks of infection. Their IPC and risk management policies were detailed in nature, and clearly guiding staff practice. Each of the houses and bungalows were found to be clean throughout. There were systems in place to ensure that each area of each of the houses and bungalows was cleaned regularly. There were a number of surfaces and furniture which were damaged and these were in the process of being replaced as part of the premises works in the centre. There were stocks of personal protective equipment available and systems for stock control. As there were a number of vacant properties in the centre there were suitable procedures in place for Legionella management.

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. Fire drills were occurring regularly and residents had a personal emergency evacuation plans in place.

Residents had an assessment of need and personal plans in place which were being reviewed and updated regularly. They had their healthcare needs assessed and care plans were developed which clearly guided staff practice. They were involved in the development and review of their plans, and were accessing the support of allied health professionals in line with their assessed needs.

There were a number of restrictive practices in the centre and these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had support plans in line with their assessed needs and these detailed proactive and reactive strategies to support them. These plans were being regularly reviewed and updated.

Residents were also protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

## Regulation 11: Visits

There was an open and welcoming atmosphere in the centre. Inspectors observed staff knocking on residents' doors and asking them if it was alright to bring a visitor to see them, before they entered. There was a visitors' policy in place and there were no restrictions placed on visits unless they were requested by residents, or in the interest of safety. Should there be an outbreak of infection, arrangements were in place for window visits, or visits on compassionate grounds. The residents' guide and statement of purpose for the centre detailed the arrangements for visiting.

Judgment: Compliant

## Regulation 17: Premises

As previously mentioned, significant works had been completed to the premises and more works were planned. Examples of the works that had been completed included:

- Insulation foam was injected in the walls and insulation was placed in the attics;
- Painting in a number of internal areas;
- New flooring in a number of areas;
- A number of kitchen upgrade;
- Decoration and repairs to sitting room in the main house;
- Power washing of glass and tile roofs;
- Replacement of equipment and furniture;
- Update to phone system;
- Improvements in the catering facilities;
- Works to the backup generator;
- Repairs or replacement of windows and doors.

The refurbishment of five apartments commenced on the 6 July 2023 and was ongoing at the time of the inspection. Planned works included;

- Replacing some further doors;
- Replacing oil tanks;
- Grounds and gardening works;
- External painting of bungalows;
- Roof repairs in the man building (remedial works had been completed).

Judgment: Substantially compliant

## Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed and it contained the information required by the regulations.

Judgment: Compliant

## Regulation 26: Risk management procedures

Arrangements were in place to ensure that risk control measures were relative to identified risks. There were systems in place for responding to emergencies and feedback and learning from incidents was shared amongst the team at team meetings, and during safety pauses.

There was a risk register and general and individual risk assessments were developed and reviewed as required. There was a detailed emergency plan in place. There were systems to ensure vehicles were roadworthy and well maintained.

Judgment: Compliant

## Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to outbreaks of infection. Staff had completed a number of additional infection prevention and control related trainings, and more training was planned.

There were cleaning schedules in place to ensure that each area of the houses and apartments were regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of personal protective equipment (PPE) available in the centre.

There were a number of damaged surfaces and furniture but this was being replaced as part of the planned renovations and repairs in a number of premises.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape, including emergency lighting. The evacuation plans were on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly in the centre and staff and volunteers had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There were comprehensive assessments in place for residents which identified their health and social care needs. The outcome of these assessments were used to develop personal plans which were being reviewed annually, or sooner if required. Residents' input into the development and review of their personal plans was evident across the sample reviewed by inspectors. Residents' likes, dislikes, preferences and goals were documented in their personal plans.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and were accessing allied health professionals in line with their assessed needs. Care plans were detailed in nature and guiding staff practice. Residents were accessing national screening programmes in line with their age profile, and in line with their wishes.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Support plans were developed for residents and reviewed as required. There were policies and procedures in place to guide staff practice in relation to positive

behaviour support and restrictive practices.

Staff had completed training to support residents in line with their assessed needs. A number of staff required positive behaviour support training and this has been captured under Regulation 16. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding plans were developed and reviewed as required. Staff had completed training in relation to safeguarding and protection, and those who spoke with inspectors were knowledgeable in relation to their roles and responsibilities.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ardeen Cheshire Home OSV-0003456

Inspection ID: MON-0031549

Date of inspection: 11/07/2023

## 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:</p> <ul style="list-style-type: none"> <li>• We have successfully recruited a 39hr per week fixed term contract as of 10.08.23. It is envisaged the recruited staff will be in post within a month when due diligence is complete.</li> <li>• On 12.07.23 the designated centre further amended its rosters, all rosters now clearly indicate the full name, role, and the hours of the shift the staff member is working.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The numbers of staff identified as requiring refresher trainings on day of inspection has been reduced and in all instances of outstanding training a schedule for completion is in place and with a timeline for total completion 30.09.23.</li> </ul>	
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:

- Going forward contracts of care will be reviewed and renewed at the residents' annual review. All residents who have already completed their annual review in 2023 will have their 'contracts of care' retrospectively completed, this process has begun, there remains six to complete and this remaining six will be reviewed and renewed by 30/09/23.

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:

- Of the 5 vacant apartments requiring refurbishment the 2 soon to be occupied are completed. The remaining 3 form part of the services' capital expenditure plan which is reviewed as per changing need and ongoing. All outstanding works on the capital expenditure plan will be reviewed by 31/12/2023.

## 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 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	30/09/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	12/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	30/09/2023

	as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
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	30/09/2023