



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

## Issued by the Chief Inspector

Name of designated centre:	Killeen Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	19 January 2021
Centre ID:	OSV-0003380
Fieldwork ID:	MON-0024335

## About the designated centre

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

This centre provides care and supports five adults and is situated in a rural setting in County Kildare. The centre aims to support residents with an intellectual disability and those with a dual diagnosis. Transport is available in the centre for residents to access community facilities in line with their wishes and preferences. The premises includes seven bedrooms some of which are ensuite, a staff office come sleepover room, 3 bathrooms, a kitchen, a games room, sunroom and sitting room. The staff team consists of social care workers and healthcare assistants. They are supported by the person in charge who is full time in their role and there are also assigned two team leaders to assist the person in charge in the day to day running of the centre. Staff rosters are arranged in line with the assessed needs of residents.

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

Number of residents on the date of inspection:	5
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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 - 2015 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 19 January 2021	09:30hrs to 16:30hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, it was evident that for the most part residents were happy living in the designated centre. A number of residents talked to the inspector and in their questionnaires about the impact of the COVID-19 pandemic on their access to activities in their local community and on visits with their families. However, they also talked about the things they were doing to keep busy and to keep in touch with people while they waited for restrictions relating to the pandemic to be eased.

During the inspection, the inspector had the opportunity to meet three residents living in the centre, and to speak to two of them briefly in line with public health measures, during the COVID-19 pandemic. In addition, all five residents living in the centre were supported by staff to complete a questionnaire in relation to care and support in the designated centre, prior to the inspection.

The latest annual review in the centre also captured the views of residents and their representatives. In this report residents were all complimentary towards what it was like to live in the centre and their representatives were complimentary towards for the care and support for their relatives.

When the inspector visited residents in their home, they each appeared comfortable and were observed to be keeping busy doing activities of their choice in their home. For example, one resident was doing a jigsaw puzzle after spending the morning out for a walk and a drive with staff in their local community. Another resident was busy doing their laundry. On a number of occasions during the inspection, one resident was observed sitting at the kitchen table chatting to staff, laughing with them and to be doing an art project. Later in the day, they told the inspector that they planned to put their art work up in their bedroom. During the inspection, both residents who spoke with the inspector talked about things they were doing to keep busy and things they had to look forward to.

The inspector met one resident who told them about how their day was going. They spoke with the inspector about things they liked to do and how they liked to spend their time. They talked about how important it was to them to stay busy and have things to look forward to. They also talked about the impact of the COVID-19 pandemic and about how they were missing spending time with their family and going to day services.

Both residents who spoke with the inspector talked about who they would go to if they had any concerns or complaints. One resident talked about how difficult they had found it settling into the designated centre. They told the inspector that they were still working on settling into the centre and talked about how staff were supporting them to do this. They said they would continue to talk to staff about how they were feeling and to discuss any concerns they had with them. They also talked about looking forward to going back to day services once the current levels of

restrictions relating to COVID-19 were lifted.

Both residents told the inspector that the food was good and one residents said that they had plenty of choices when it came to meals and snacks. During the inspection, there was a pleasant smell of freshly cooked food coming from the kitchen.

One resident talked about how important it was for them to do things for themselves and about how they liked to take responsibility for keeping their room clean and tidy. They talked about some interactions with other residents that they were not happy about in the past, but told the inspector that hopefully these type of interactions would not occur again.

Each of the residents were very complimentary towards the staff team. One resident told the inspector that the staff were "too good" to them, and the other resident described staff as "good". During the inspection, the inspector observed warm and kind interactions between residents and staff. Staff who spoke with the inspector were found to be knowledgeable in relation to residents' likes, dislikes and preferences. They talked about how they were supporting residents to develop their goals and identify activities which were meaningful to them. At intervals during the inspection, laughter could be heard from the kitchen come dining room, as residents and staff chatted during meal preparation. Throughout the inspection, this room was observed to be the busiest and most used space in the centre. People were observed to use this space to socialise during the day, whilst adhering to public health advice during the pandemic.

As previously mentioned, each of the five residents completed a questionnaire in relation to the care and support in the centre prior to the inspection. Overall, the feedback in the questionnaires was very positive. Residents indicated that they were happy with the warmth and comfort levels in the designated centre. They also indicated they were happy with the choices available to them, and with how their rights were respected. All five residents indicated that they were happy with the support offered by the staff team and that they liked them. Each resident also stated in their questionnaires that they were happy and liked living in the centre.

Residents included information in the questionnaires relating to home and community-based activities they enjoyed. They listed activities such as doing woodwork, gardening, going to art classes, doing arts and crafts, going bowling, watching television, going to day services, going for walks, playing table tennis, going to the local shops, going out for meals and enjoying birthday celebrations. One resident outlined some additional activities they would like to take part in such as swimming and golf, while another resident said they would like to go bowling more often.

Residents described things they would like to change in their questionnaires. For example, one resident said they would like a small space that was just for them to do gardening. They also said their room was too small and hard to get in and out of and that they they would like smaller portions at mealtimes and their dinner in the middle of the day. Another residents said they liked their new room but they would

like a fridge in their room. Another resident said that they would like more time for someone to talk to them, as its a very busy house.

In their questionnaires, residents indicated that if they were unhappy about anything they would speak to keyworker or go to a member of the staff team or the complaints officer. Two residents who had used the complaints process indicated they were happy with how their complaint was dealt with and with the reply they got from the complaints officer.

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

The registered provider and person in charge was monitoring the quality of care and support for residents. From speaking with residents and staff, it was evident that every effort was being made to ensure residents were happy and safe in their home. Residents were being supported to develop and maintain their independence, and to be involved in the day-to-day running of the centre. However, there had been an increase in the number of allegations of abuse in the centre and it was not evident that the safeguarding plans and control measures in place were fully effective as a small number of allegations of abuse continued to occur. The provider was aware of this and in the process of reviewing residents' assessments of need and impact assessments to ensure they could fully support each resident in line with their assessed and changing needs.

The management structure clearly identified the lines of authority and accountability and staff had specific roles and responsibilities. The provider was maintaining oversight of the centre by completing regular audits and reviews and identifying areas for improvement. They were then making the required changes, which were leading to improvements for residents in relation to their care and support and their home. There were systems in place to review incidents occurring in the centre and to share learning following these reviews with the staff team.

The person in charge had recently commenced in the post of person in charge in this centre having already been person in charge in the organisation for a number of years. They were full time and had the required qualifications, skills and experience to manage the centre. They managed two designated centres and it was evident that they had systems in place to ensure the effective governance, operational management and administration of both centres. They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure residents were happy, safe and engaging in activities in line with their wishes and preferences. They were identifying areas for improvement in the centre and

escalating these to the management team. They were supported with the day-to-day management of the centre by two deputy team leaders who had worked in the centre for a number of years. They reported to, and were supported by a director of operations.

Residents were supported by a staff team who were familiar with their care and support needs. Throughout the inspection, residents were observed to receive support in a kind, caring and respectful manner. Whilst talking to the inspector and in their questionnaires, residents were complimentary towards the staff team. In line with residents' changing needs and a number of safeguarding concerns, it had been identified that increased staffing support was required in the centre. The provider was in the process of reviewing residents' assessments to identify the number of additional support hours required to meet residents' needs. In addition, there was a 0.5 whole time equivalent (WTE) vacancy at the time of the inspection and the required shifts were being covered by regular staff completing extra hours and by relief staff covering the required shifts.

There were effective systems to support staff to carry out their duties to the best of their abilities. Staff were in receipt of regular formal supervision. They had access to training and refreshers in line with residents' assessed needs. Staff who spoke with the inspector were aware of their roles and responsibilities and said they were well supported other members of the staff team, the person in charge and the management team.

#### Registration Regulation 5: Application for registration or renewal of registration

The required information was submitted by the provider with the application to renew the registration of the designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was found to be suitably skilled, qualified and experienced to fulfil the role.

They were engaged in the governance, operational management and administration of the centre and were present in the centre on a regular and consistent basis.

They managed more than one designated centre and have systems in place to ensure they were maintaining oversight of both centres.



Judgment: Compliant

### Regulation 15: Staffing

There was 0.5 WTE staffing vacancy in the centre at the time of the inspection. While recruiting to fill the position, the provider was ensuring continuity of care for residents through existing staff completing additional hours and two regular relief staff completing the required shifts.

The provider had recognised the need to increase staffing support hours in the centre in line with residents' changing needs. They were in the process of applying for additional support hours and in the interim the inspector was informed that the provider would put additional supports in place to meet residents' needs.

There were planned and actual rosters and they were well maintained.

Nursing support was available as required, through a regional nurse employed by the organisation.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with training and refresher training in line with residents' assessed needs. In addition, the provider had identified that additional staff training was required in line with residents' changing needs. This training had been arranged and was scheduled for two different dates to ensure the staff team could attend.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

### Regulation 21: Records

Gaps were found across a number of documents in the centre. These gaps related to residents' care and support and were not found to be contributing to significant risks for residents as through discussions with staff the inspector them to be knowledgeable in relation to residents' specific care and support needs. However, gaps in documentation had been identified as an area requiring improvement by the provider in their latest annual review and the last two six monthly reviews. Actions

from the providers reviews needed to progress to ensure that documentation in the centre was reviewed and updated in line with residents' changing needs and learning following a review of incidents or adverse events.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was written confirmation of insurance in place and available to confirm that valid insurance was in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management systems in place and staff had specific roles and responsibilities in the designated centre.

The management systems were ensuring that care and support for residents was being closely monitored. These systems included regular audits in the centre, an annual review and six monthly reviews by the provider or a person nominated by them. These audits and reviews were identifying areas of good practice and areas for improvement. Actions were identified along with timeframes for completion. The majority of these actions were being completed in line with the identified timeframes and resulting in positive changes for residents in relation to their care and support, and their home.

Staff meetings were occurring regularly and these were well attended. The agenda items were found to be varied and resident focused. Learning following incidents, accidents and near misses were discussed at these meetings.

Judgment: Compliant

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

The provider had an admissions policy and procedures in place, and the criteria for admission was outlined in the centre's statement of purpose.

From the sample reviewed, residents' admission to the centre had occurred in line with the organisations policies and procedures and the centre's statement of purpose. However, in line with residents' changing needs and an increase in

allegations of abuse, the provider had identified that they needed to review some documentation relating to residents' admissions. This included a review of a number of assessments and documents. This process had commenced at the time of the inspection but needed to be progress in a timely manner to ensure that each residents' care and support needs could be met in the centre.

Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for, and where applicable the fees to be charged.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 31: Notification of incidents

The Chief inspector was notified in relation to incidents occurring in the centre, in line with the requirement of the Regulations.

Judgment: Compliant

## Quality and safety

The provider and person in charge were striving to ensure that residents were in receipt of a good quality and safe service. Residents were being supported to make choices and engage in meaningful activities. They lived in a clean, warm and comfortable home. However, as previously mentioned, there had been an increase in the number of allegations of abuse in the centre and it was not evident that safeguarding plans were fully effective.

There had been a fire in the centre in 2020 and following this extensive works had been completed in the centre. It was evident that every attempt was made to ensure the house and particularly residents' bedrooms were decorated in line with their wishes and preferences. In the application to renew the registration of the designated centre, the provider had reduced the number of registered beds in the

centre from six to five. This had resulted in residents having more access to communal spaces in the centre. Residents indicated in their questionnaires that they were happy with their access to shared areas where they could spend time with other residents or visitors. Further improvements were planned, including moving laundry equipment to an out building, and the installation of external lighting.

Residents were being supported to enjoy best possible health. There were systems in place to ensure residents could be supported to access a general practitioner (GP) and other allied health professionals during the pandemic. They had assessments in place and specific health management plans and health monitoring plans were developed and reviewed, as required. Each resident had a hospital passport which contained important information for them to bring with them, should they require an admission to hospital. Appointments with allied health professionals were logged and the advice and guidance from these professionals were then updated into residents' personal plans. From reviewing a sample of residents' health management plans and recent consultations with allied health professionals, it was evident that residents' changing needs were being closely monitored and supports and that further consultations with the relevant allied health professionals were being arranged promptly. Staff who spoke with the inspector were knowledgeable in relation to residents' healthcare needs and motivated to support them to enjoy best possible health. The person in charge and regional nurse were in the process of sourcing additional information relating to one resident who was recently admitted to the centre's healthcare needs and to link with the appropriate health professionals to support them in line with their assessed needs.

Residents were protected by the risk management policy, procedures and practices in the centre. The risk management policy contained the information required by the regulations and there was a risk register in place. General and individual risk assessments were developed and reviewed as required. There was evidence that incidents and near misses were regularly reviewed and that learning following these reviews was shared amongst the team. Two residents' individual risk management plans required review following a recent fire drill in the centre and in relation to information which needed to be removed from one residents' plan.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. Staff's roles and responsibilities were clearly outlined. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. The provider had developed or updated existing policies, procedures, guidelines and contingency plans for use during the pandemic. There were systems to ensure there were adequate supplies of PPE at all times. Staff had completed training in infection prevention and control and the use of PPE.

Residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available and there was evidence it had been regularly serviced. There were adequate means of escape and emergency lighting was in place. The evacuation plan was available and on display and each resident had a personal emergency evacuation plan which was regularly reviewed and updated. Fire drills were occurring regularly and learning following drills was shared with team. Some

improvement was required in relation to updating residents' personal emergency evacuation and risk management plans following this learning, but staff who spoke with the inspector were aware of how to support residents in line with their assessed needs and plans were in place to update the required documentation.

There were a number of restrictive practices in place in the centre. Residents' individual risk management plans and personal plans were detailed in relation to the use of these restrictive practices. Restrictive practices were also detailed in the restrictive practice register, which was regularly reviewed and updated. There were regular meetings held with the behaviour specialist to review the use of restrictions and these reviews included, a review of the rationale for the restrictions, and details of the considerations given to the use of the least restrictive practices for the shortest duration. Residents' support plans were detailed in relation to any supports that may be required to manage their behaviour. A behaviour specialist was available to support residents and staff, and staff had access to training to support residents in line with their assessed needs. Incident review and trending was being completed regularly and leading to review and update of residents' support plans as required.

There were policies and procedures relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported and followed up on in line with organisational and national policy. Immediate safety concerns were addressed and safeguarding plans were developed as required. There had been an increase in the number of allegations of abuse in the centre in 2020. In response, the provider had implemented a number of additional control measures to support residents. They had held safeguarding review meetings with members of the multidisciplinary team and reviewed and updated residents' safeguarding plans to add additional control measures. There had been a reduction in the number of allegations of abuse following the implementation of some of these control measures. However, it was not evident that some of these safeguarding plans were fully effective, as a small number of similar allegations of abuse continued to occur.

It was evident that staff were working with residents to develop their knowledge and skills in relation to self care and protection through discussions at residents' meetings and meetings with their keyworkers. Staff were meeting with residents to discuss respecting peers and positive peer relationships. Safeguarding was also being discussed regularly by the staff team at handover and staff meetings. The provider had recently reviewed impact assessments and were in the process of a review of a number of assessments to ensure that each resident in the centre was being protected from abuse by their peers.

## Regulation 17: Premises

Significant works had been completed in the centre following a fire in 2020. Painting, decoration and other works had been completed. The house was warm, comfortable and homely. Residents appeared comfortable in their home and reported in their questionnaires that they were happy with how comfortable

their home was, and their access to shared spaces.

The provider had plans to complete additional works such as, moving laundry equipment to an out building and works to the external stairs and lighting.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide contained all of the required information. It included a summary of the services and facilities provided to residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access inspection reports in the centre, the procedure respecting complaints and arrangements for visits.

The residents' guide was available for residents and their representatives in the designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The risk management policy contained the information required by the regulations.

There was a risk register in place and general and individual risk management plans were developed and reviewed as required.

There were systems in place for reviewing and trending incidents, and for the most part learning following these were updated in the required documents.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had policies and procedures in place in relation to infection prevention and control. Staff had completed hand hygiene, infection control and PPE training.

The provider had developed and adapted existing policies and procedures to guide staff practice during the COVID-19 pandemic. Information was readily available in the centre for residents and staff in relation to COVID-19.

The premises was clean and there were cleaning schedules in place to ensure all areas of the house were regularly cleaned.

There were supplies of PPE available and systems in place to ensure there were always adequate stocks available.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable fire equipment provided and evidence that it was serviced as required. There were adequate means of escape and emergency lighting. The procedure for the safe evacuation of residents and staff in the event of fire were displayed and a copy was readily available should it be required.

Residents' mobility and cognitive understanding were accounted for in the evacuation procedure. Fire drills were occurring regularly and for the most part there was evidence that learning following drills was shared and for the most part, resulting in the update of residents' personal emergency evacuation plans. A number of residents' evacuation plans and risk assessments required review and update following a recent fire drill.

Staff had completed fire safety awareness training and those who spoke with the inspector were knowledgeable in relation to residents' support needs.

Judgment: Compliant

### Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans and health monitoring plans were developed and reviewed as required.

They had access to allied health professionals in line with their assessed needs and were accessing the National Screening Programmes in line with their wishes and age profile.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff had the knowledge, skills and training to support residents. Residents had support plans in place which clearly guided staff to support them. These plans were regularly reviewed and updated in line with residents' changing needs.

Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration.

Judgment: Compliant

## Regulation 8: Protection

There were policies and procedures in place in relation to safeguarding. Staff had completed training and were aware of their roles and responsibilities in the event of a suspicion or allegation of abuse.

There had been an increase in the number of allegations of abuse in 2020. In response, the provider had held a number of safeguarding meetings and developed and reviewed safeguarding plans. Allegations and suspicions of abuse were escalated and followed up on in line with organisational and national policy. There had been a reduction in the number of allegations of abuse following the implementation of the control measures outlined in safeguarding plans. However, it was not evident that all safeguarding plans were fully effective as a number of similar allegations continued to be reported.

The two residents who spoke with the inspector during the inspection stated they felt safe and said they would talk to staff if they had any concerns.

Judgment: Substantially compliant



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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Killeen Lodge OSV-0003380

Inspection ID: MON-0024335

Date of inspection: 19/01/2021

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> <li>1. All Service Users have a Comprehensive Needs Assessments (CNA’s) which is completed prior to admission to the service, annually and/or to reflect a change in need. PIC will ensure that this document is updated to reflect any change in need as close to the setting event as possible or as close to the time of a change in presentation as possible to ensure that all Service Users receive appropriate care and support to meet their needs. All current Comprehensive Needs Assessment (CNA’s) have been reviewed and updated by the PIC.</li> <li>2. All Service Users have a Personal Emergency Evacuation Plans (PEEP’s) which is reviewed annually or following a change in needs which would be deemed as requiring more/less support than previously identified. PIC will ensure that this document is updated to reflect any change in need as close to the setting event as possible or as close to the time of a change in presentation as possible to ensure that all residents receive appropriate care and support to meet their needs. All current Personal Emergency Evacuation Plans (PEEP’s) have been reviewed and updated by the PIC.</li> <li>3. All Service Users have an Individual Risk Management Plans (IRMP’s) which is completed prior to admission and updated to include additional controls as required. PIC to ensure that IRMPs are reviewed following all/adverse events with record of review documented as proof of same with additional controls implemented where applicable/required. All current Individual Risk Management Plans (IRMP’s) have been reviewed and updated by the PIC.</li> <li>4. All actions from internal Quality Assurance Audits/ Six Monthly Reviews will be assigned a specific ‘closing out,’ date and all actions will be closed within this timeframe. Centre-specific annual review and six monthly reviews will be reflective of learnings from internal audits and display evidence of the timeline for corrective action to be taken and closed. All current Quality Assurance Audits/ Six Monthly Reviews have been reviewed</li> </ol>	

and updated by the PIC.

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:

1. Recent admission to be added to the agenda of Admissions, Discharges and Transitions (ADT) meeting to discuss the suitability of the placement due to the changing needs of the other Service Users.
2. Initial Needs Assessment (INA) to be redone to reassess the level of support this Service User requires and their compatibility with the other Service Users in the Centre, due to the changing needs of the other Service Users.
3. Initial Needs Assessment (INA) to be reviewed by Admissions, Discharges and Transitions (ADT) Committee to ascertain the most appropriate placement for this Service User, if assessed as no longer suitable for the Centre.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

1. An MDT meeting including the Safeguarding Officer attending took place to explore what additional supports and strategies can be implemented to compliment the safeguarding plans in situ. All additional actions from the MDT meeting have been implemented in the Centre by the PIC, for example these included
  - Scripted Responses to be used with the Service Users where required, if the Service User needs support with specific communication difficulties and specific periods of the day.
  - Assessment of identified Service Users communications skills in communicating appropriately with others.
2. Staff and Service Users will continue to discuss Dignity and Respect, the Complaints Procedure, and Safeguarding at the weekly in-house Service User Forum.
3. Recent admission to be added to the agenda of Admissions, Discharges and Transitions (ADT) meeting to discuss the suitability of the placement due to the changing needs of the other Service Users.

## 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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	12/02/2021
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	19/03/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	12/02/2021