Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	07 November 2023
Centre ID:	OSV-0003958
Fieldwork ID:	MON-0032327

About the designated centre

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

The designated centre is a spacious bungalow in close proximity to the nearest town and to public transport facilities. The service provides care and support to up to five adults with an intellectual disability. Each resident has their own bedroom decorated to their individual style and preference, and the designated centre is designed and laid out to meet the needs of people with high support needs. There are various communal areas throughout the house including well maintained garden areas. Transport is also available to meet the needs of residents and avail of social activities. Staffing was provided in accordance with the assessed needs of residents, including nursing support. Additional staff were made available if or when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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 7 November 2023	10:30hrs to 16:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with regulations and standards, and to help inform the decision to renew the registration of the designated centre.

On arrival at the centre, the inspector observed residents involved in various activities. One of the residents was engaged in arts and crafts with a staff member and there was a mobile trolley in which the items for this type of activity were kept, so that they could easily be moved to the area where the resident was comfortable.

Another resident was relaxing having been supported to mobilise and engage in activities on the floor which was their preferred way of engaging in activities. This resident had a supportive trike which they enjoyed using, and which supported their mobilising and had been put in place with the support of members of the multi-disciplinary team (MDT) which included an occupational therapist and a physiotherapist. The resident was observed later in the day of the inspection to be enjoying this activity, and to be reversing around the house on the trike in their chosen way of utilising this piece of equipment.

There was a fish tank in the living room which was of particular interest to one of the residents. They were seen to be interacting with the movements of the fish and to be engrossed in this activity. Staff explained that, not only was this a preferred occupation for the resident, but that they had also included sensory lighting to the fish tank, and that in the evenings this increased their enjoyment of their pets. This was one example of the improvements that had been made in relation to meeting the sensory needs of residents since the previous inspection.

One of the residents was having a foot and hand massage in their room, which again had been identified as being a meaningful and relaxing activity for them. The staff member who was supporting them in this activity was a staff member whose role was entirely focused on the activation of residents, and this was seen to be a valuable resource for them.

It was clear throughout the course of the inspection that staff were responsive to the needs and preferences of residents. For example, the inspector was talking to a staff member when a resident indicated with vocalisations that they required the attention of the staff member. The staff member immediately understood the communication and attended to the resident straight away.

The designated centre was laid out in a way which supported the needs of residents, and there were various communal spaces which meant that residents could decide to spend time together, or to have time apart in other areas of the house. However, there were various issues in relation to the maintenance and upkeep of the premises which required attention and are further discussed under

regulation 17 of this report.

Each resident had their own personal room which had been decorated in accordance with their preferences, including their choice of colours of the walls and their choice of soft furnishings. Their personal possessions were evident, and where people had sensory needs, there were items such as sensory lighting to meet their needs.

Staff had received training in relation to the rights of residents and decision making, and staff spoke about their heightened awareness of the rights of residents to make their own choices and to be involved in decisions about their care and support. They described an example of where they had supported a resident to choose the colours that the walls would be painted in, and that they had used colour cards for the resident to point out their preference, and had moved the cards around to ensure that the choice was meaningful, and that they had not just pointed at the middle card. One of the residents now had their room painted in the colours of their favourite sport team.

Where residents had Down syndrome and were of an age where an associated dementia had been recognised as a risk to them, detailed assessments of needs were on-going, an appropriate supports had been put in place.

Overall there was a responsive staff team, and whilst some improvement were required as detailed in the next two sections of this report, residents were supported to have a good quality of life, and to have their voices heard.

Capacity and capability

There was a clearly defined management structure, and the care and support of residents in this designated centre was well managed by the person in charge and an effective and knowledgeable staff team. There were effective oversight systems in place, and any issues relating to the needs of residents were responded to in a timely manner.

However, the on-going issues relating to the regular supervision of staff and upkeep and maintenance of the premises had not been addressed by the provider having initially been identified as a failing by HIQA in January 2023.

Staff training was up-to-date for the most part and all required documentation in relation staff was maintained.

Any records or documents that were required to be available in the centre were in place.

Regulation 15: Staffing

Staffing numbers and skills mix were appropriate to meet the assessed needs of residents. There was a dedicated staff member responsible for the activation of residents during the day, and the function of this staff member was observed by the inspector to be effective and meaningful.

There was a consistent and competent staff team in place, and all staff engaged by the inspector were knowledgeable, and could readily describe the care and support needs of each resident.

Communication amongst the staff team was observed by the inspector to be effective. This was managed through regular staff meetings. Detailed records of these meetings were maintained, and were seen to include a detailed discussion around the support needs of each resident, and around the operation of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory staff training was up-to date, and additional training in relation to some of the specific support needs of residents had also taken place. A training matrix had been put in place to facilitate the monitoring of staff training, and oversight of training was now readily available. However, one of the residents required the input of staff in relation to the use of a prescribed nebuliser, and staff had either not received training in this area, or their training was out of date.

Whilst informal daily supervision was managed by the presence of a clinical nurse specialist, formal supervision conversations with staff were not regularly held. This is an on-going non-compliance in the centre.

Judgment: Not compliant

Regulation 19: Directory of residents

A directory of residents was maintained which included all the information required by the regulations.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure, although due to recruitment issues, the post of person in charge was being undertaken by the area manager. The area manager was supported locally by a clinical nurse manager. There was effective oversight in the designated centre within these arrangements, although formal supervision conversations with staff members were not held regularly as further discussed under regulation 16. This issue had been identified in the last inspection of 28 January 2023 and the agreed compliance plan from that inspection had a completion date of 19 May 2023. This required action had not yet been actioned.

In addition issues in relation to the upkeep of the premises had also been identified on this occasion, and the agreed completion date for required works was 15 June 2023. These issues had not been addressed.

Six-monthly unannounced visits on behalf of the provider had been undertaken as required by the regulations, and a recently improved version of the template used to record the findings of these visits had been implemented for the most recent of these visits. This format presented a detailed and meaningful overview of the care and support offered to residents in the previous six months. This document outlined any required actions identified during the process, however it would be further improved if dates for completion of required actions were indicated, and if the person responsible for the actions was named.

The record of the six monthly visits outlined various short falls in the upkeep of the premises, however these had not been actioned. There were multiple required improvements in the premises as previously mentioned, and detailed under regulation 17 in the next section of this report. Some of these issues had been identified on the previous inspection of 27 January 2023 and the agreed date for completion following the submission of the provider of a compliance plan following that inspection had an agreed completion date of 16 June 2023. This had not been actioned.

The person in charge presented email threads whereby these issues had been escalated to the provider, so that the local oversight was seen to be ongoing. However, the provider had failed to complete any required actions.

There was a monthly schedule of local audits in place, and these had been

undertaken in accordance with the schedule outlined by the provider. These included bi-monthly audits of the personal finances of each resident, and, again, locally these audits were thorough and protected residents from the risk of financial abuse. However, the rights of residents to have their own bank accounts was not upheld, as further outlined under regulation 12 of this report.

Recording and reporting of any accidents or incidents was appropriate, and any required follow up actions from any incidents was recorded and monitored.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose included all the information required by te regulations, and described the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to HIQA.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints policy in place, and this was displayed and readily available to residents and their families and friends.

There were no current complaints, however there was a procedure whereby any complaints would be dealt with either locally, or escalated if required. There were several compliments recorded, both from families of residents, and from therapists external to the organisation who provided a service to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the polices required under section 4 of the regulations were in place and had been regularly reviewed.

A sample of policies was reviewed by the inspector, including the policies relating to restrictive practices, safeguarding and food and nutrition. These policies provided guidance to staff and there were references to choice and personal decision making in the policies. All were evidence based and included a reference list.

Judgment: Compliant

Regulation 21: Records

All records or documents that were required to be available in the centre were in place.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents, the information in relation to healthcare, and a record of any belongings of the residents.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: Compliant

Quality and safety

Despite the continued failure of the provider to ensure that the premises were well maintained to a safe standard, residents were supported to have a comfortable life, and to have their needs met. There was a detailed system of personal planning which included all aspects of care and support for residents.

Residents were supported to have a meaningful life, and were supported by a knowledgeable, consistent and caring staff team. There was a detailed and regularly reviewed process of person centred planning, and clear evidence of residents being supported to have a meaningful day.

Fire safety processes and procedures were appropriate, risk management was robust and clearly documented.

The rights of residents were supported for the most part, and various examples of the ways in which the rights residents were upheld were evident, however the rights

of residents to have their own bank accounts and to have control over their financial affairs had not been supported.

Regulation 10: Communication

It was clear from observations of the interactions between staff and residents that there were effective ways of communicating with each resident in place.

There was a detailed section in each resident's personal plan in relation to their preferred ways of communicating, and detail in these plans included descriptions of each resident's non-verbal communication, which described what their gestures or movements were indicating. There were detailed 'communication passports' in place which described their vocalisations and gestures, and these had been made available to residents in an accessible format.

Various strategies were in place to optimise communication, for example, there were social stories in place to aid understanding, and pictorial representations of various aspects of daily life had been developed.

Judgment: Compliant

Regulation 12: Personal possessions

There were clear records of the possessions of each resident, and these records included photographs of all of the possessions of value, and had been regularly reviewed and updated.

Personal spending money held by each resident in the designated centre was well managed and monitored, and there were consistent checks in place. Two staff members checked the amount of money held by each resident twice a day, and any purchases were accurately recorded. There was an entry for each purchase that was signed by two staff members, and a receipt was available. A reducing balance was maintained following each purchase, and balances checked by the inspector were correct.

However, residents did not have a bank account. Their income was paid into a communal organisational account held and maintained by the provider, and was not in the name of the residents, and there was no evidence of consent having been sought by the residents for this practice. Staff attended the office of the provider every fortnight to obtain spending money for each resident, which was an established 'allowance'. This did not support the requirement of the regulations that each resident has access to and retains control of personal property and possessions, or the requirement that the registered provider shall not pay money belonging to any resident into an account held in a financial institution unless

consent had been obtained, or that the account is in the name of the resident to which the money belongs.

Judgment: Substantially compliant

Regulation 17: Premises

The layout of the premises was appropriate to meet the needs of residents, and each resident had their own private bedroom area, and access to various communal areas.

However, various maintenance and upkeep issues had not been addressed. The exterior of the house was dirty, with unsightly stains on all of the walls clearly evident on approach to the house. The walls around the entire exterior were in a similar state of uncleanliness and walls around the paved exterior garden area to the rear of the house were badly stained and unclean, with insect nests being evident throughout the outside of the house.

Internally there were badly scuffed door frames and walls which had been damaged by one of the resident's form of mobilising around their home in their wheelchair, and similar damage was observed by the inspector in the utility area. The person in charge presented plans to address these issues, including a plan to widen the door to the resident's bedroom to allow for their independent mobilisation while reducing any potential damage. However, the plans for this improvement, and for bringing the designated centre into compliance in this area had not been completed, as discussed under regulation 23 of this report.

The person in charge presented email threads whereby these issues had been escalated to senior management, and it was apparent that there was a lack of clarity about the resources for the required improvements. Some emails indicated dates of commencement of the required works, and further emails indicated that the plans had been put on hold due to funding issues.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were supported to have a balanced and varied diet, and where residents required modified diets these were in accordance with their assessed medical needs. Staff were knowledgeable in relation to any such requirements, and it was evident that the choices of residents in relation to their meals and snacks was respected.

Staff spoke about the ways in which residents indicated their choices, and the ways in which they offered alternatives if a resident decided that they did not want a meal

or snack that was offered to them.

Residents all required some level of assistance with eating and drinking, and again, staff were knowledgeable about each person's support needs.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place in which all identified risks were documented and risk-rated. There were associated risk assessments and management plans in place for each risk which detailed the control measures required to mitigate the risks.

These included both local and environmental risks, and individual risks for each resident. The inspector found that all identified risks to residents had been included in this process, and that all risks had been mitigated.

There was a detailed risk management policy in place which included all the requirements of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a clear record of checks available. Regular checks of the maintenance of all equipment were recorded.

Regular fire drills had been undertaken which indicated that residents could be evacuated in a timely manner in the event of an emergency, and staffing numbers were adequate, given that each resident required two staff members to support them in the evacuation process. Fire drills included a record of which staff had been involved in the drills to ensure monitoring that each staff member had been involved in a fire drill.

There was a detailed personal evacuation plan in place for each resident which had been regularly reviewed and which outlined the ways in which residents needed to be supported in an evacuation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A significant amount of work had taken place by the staff team since the last inspection in relation to the person centred plans and care plans for each resident. There were now detailed care plans in place which provided guidance to staff in the delivery of care and support to residents.

Accessible versions of person centred plans had been developed and included pictorial representations of activities, although further improvements were required to ensure that any goals set with residents were worded to ensure that they were meaningful to residents.

However, the recording of activities and steps taken towards meeting goals required improvement. The system in place lacked consistency and made oversight ineffective. The system of recording provided information from the previous week, but to gather information about the ongoing progress of residents required an examination of all the daily records of each resident, and did not provide an overview and did not facilitate a clear assessment of the effectiveness of the plans.

Judgment: Substantially compliant

Regulation 6: Health care

Health care was well managed and monitored, so that both long term and changing needs were met by the staff team. Any changes in the presentation of residents was responded to in a timely manner. A recent change for one of the residents was supported by ensuring that the appropriate referrals were made, and the issue was being well managed and monitored.

Judgment: Compliant

Regulation 7: Positive behavioural support

Whilst there were no positive behaviour support needs identified in the designated centre, there were some restrictions in place in order to ensure the safety of residents.

There was detailed documentation in relation to these restrictions, with a clear rationale in place for each. There was a detailed risk assessment and management plan in place for each restriction. There was evidence of various members of the multi-disciplinary team (MDT) having been involved in the decision making around each restrictive practice. Daily recordings of any restriction was in place. Continual

monitoring and review of each restrictive practice was evident.

There was a policy in place to guide staff in the use of restrictive practice which clearly outlined the requirement to promote a restraint free environment, and which stressed the need for constant review and the requirement that there should not be any restrictions in place to mitigate staff shortages. This policy had been implemented and adhered to in the centre.

Judgment: Compliant

Regulation 8: Protection

There were no current safeguarding issues identified during the course of this inspection. Any previous safeguarding issues had been managed and mitigated, and had been resolved.

Staff had all received training in safeguarding, and were knowledgeable about their role in ensuring the safety of residents.

There was a detailed safeguarding policy in place which had been regularly reviewed and made available to staff.

Judgment: Compliant

Regulation 9: Residents' rights

There was an ethos in the designated centre of supporting the rights of residents, and various examples were presented to the inspector in this regard.

For example, a significant piece of work had been undertaken with one of the residents to ensure that their voice was heard, and that their right to make choices was respected. The resident needed to have time out of their wheelchair to ensure skin integrity, the set scheduling had been removed so that the resident could decide themselves the timing of this. Easy read information had been developed to ensure that the resident understood the importance of this, whilst also allowing them to have control over their daily schedule.

Residents were involved in meetings at which decisions about their care and support were made so as to ensure that their voices were heard.

Overall, whilst some areas for improvement were identified in this inspection, residents were supported to have a good quality of life, and to have their choices respected.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have a meaningful day, and various activities were supported, some within their home and others in the community.

Some residents attended a day service and were involved in activities such as walks, bowling, and meals out. Others had chosen to engage in sensory activities, and preferred activities were made available to them, for example, sensory items and music.

Residents made choices about their evenings, and some enjoyed watching tv, others preferred radio and relaxation. These choices were supported by the staff team.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: General welfare and development	Compliant

Compliance Plan for Meath Westmeath Centre 2 OSV-0003958

Inspection ID: MON-0032327

Date of inspection: 07/11/2023

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Residential Leader has undertaken a full review of training records for the designated centre and forwarded training requirements list to training department. Outstanding nebulizer training to be completed by 31st March 2024. Staff roster ensures that there is always 1 staff with nebulizer training on duty. Residential Leader has created a Supervision Schedule for 2024 for all staff in designated centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Residential Leader has created a Supervision Schedule for 2024 for all staff in designated centre. Residential Leader has reviewed last six-monthly audit and assigned completion dates and person responsible for same to each action. PIC has secured painting contractors and all internal painting works- this work was completed on 14th December 2023.	

PIC has spoken with property management and senior Muiriosa management re: outstanding painting required for external walls will be completed during as weather improves into Spring summer 2024- to be completed by end June 2024.

Power Washing of external area is scheduled for completion by 28/02/2024.

Residents Finances: Senior management and Director of Finance have developed a working group to review best practice regarding resident's access to personal banking and finances. This group has is working with Bank of Ireland Vulnerable Customer Lead and Senior members of the Irish League of Credit Unions and a Legal Capacity Expert. At the end of the Working Group Review a new policy on supporting residents with access to personal finances and possessions will be drafted which is aligned to best practice regarding residents rights as set out in legislation. Policy scheduled to be completed by end July 2024

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Residents Finances: Senior management and Director of Finance have developed a working group to review best practice regarding resident's access to personal banking and finances. This group has is working with Bank of Ireland Vulnerable Customer Lead and Senior members of the Irish League of Credit Unions and a Legal Capacity Expert. At the end of the Working Group Review a new policy on supporting residents with access to personal finances and possessions will be drafted which is aligned to best practice regarding residents rights as set out in legislation. Policy scheduled to be completed by end July 2024

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
PIC has secured painting contractors and all internal painting works- this work was completed on 14th December 2023.

PIC has spoken with property management and senior Muiriosa management re: outstanding painting required for external walls will be completed during as weather improves into Spring summer 2024- to be completed by end June 2024.

Power Washing of external area is scheduled for completion by 28/02/2024.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Goal Recording sheets implemented in resident's PCPs.

All goals for residents for November/December 2023 have been completed.

Residential Leader will present induction of developing, supporting and recording goals with residents at January 2024 team meeting.

Residential Leader will present guidance document to staff team on effective report writing at January 2024 team meeting.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(4)(a)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the consent of the person has been obtained.	Substantially Compliant	Yellow	31/07/2024
Regulation 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Substantially Compliant	Yellow	31/07/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	31/03/2024

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/03/2024
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.	Not Compliant	Orange	30/06/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/03/2024
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	Substantially Compliant	Yellow	31/03/2024

	monitored.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2024