



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

Issued by the Chief Inspector

Name of designated centre:	Oxview Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	22 August 2023
Centre ID:	OSV-0004431
Fieldwork ID:	MON-0032048

About the designated centre

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

Ox view community houses can support 13 male and female residents aged over 18 years with a diagnosis of intellectual disability, who require a level of support ranging from minimum to high. This service provides 24 hour residential care to residents. This centre comprises three houses in residential settings on the outskirts of a town. Most of the houses are centrally located and close to amenities such as shops, restaurants, public transport, pharmacists and churches. The houses are comfortably furnished, have gardens, and meet the needs of residents. All residents are supported by staff teams which include the person in charge, nurses and care assistants. Staff are based in the centre whenever residents are present, including at night time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 August 2023	11:35hrs to 19:00hrs	Angela McCormack	Lead
Tuesday 22 August 2023	11:35hrs to 19:00hrs	Jackie Warren	Support

What residents told us and what inspectors observed

This inspection was an announced inspection carried out to monitor compliance with the regulations and as part of the renewal of the registration of the centre. As part of the announcement, information on the names of inspectors that were visiting was provided. This was observed on display in the centre. In addition, questionnaires were provided so as to establish the views of residents living in the centre. Some of these completed questionnaires were provided to inspectors and reviewed as part of the inspection.

Overall, inspectors found that Oxview services provided good care and support to residents. In general, residents appeared content living in Oxview; however one resident reported that they wanted to live in another home due to not feeling safe at times. It was noted through information received to the Chief Inspector of Social Services during 2022 and 2023 that there were ongoing safeguarding concerns between residents in one house. The provider and management team were aware of these concerns and were actively following up on this with residents. This will be elaborated on further in the report.

The centre comprised three houses, two of which were semi-detached houses and one bungalow located approximately five minutes away from the other houses. One inspector spent time in the bungalow and another inspector spent time in the two semi-detached houses. All 12 residents living in the centre were met with by inspectors, as were a number of staff. Observations and discussions found that most residents were happy living in the centre and with the care and support provided.

Residents met with spoke about interests and activities that they enjoyed. One resident who used an augmented form of communication was observed using this on the day. They also communicated with the inspector through this means of communication. A number of residents attended external day services, either full-time or part-time. Where residents did not attend day services, they were supported to do activities from their home. Residents reported that they enjoyed going on hotel breaks, playing golf, going to the pub for a pint, going for walks. Residents spoke about their favourite meals and one resident said that they loved salads. Observations on the day showed that this resident's preferences for salad was facilitated at lunch time. The inspector was informed that some of the vegetables were grown by the resident at their day service.

In one house a resident had created a scrapbook, which included photographs of a recent trip to 'Wild Ireland'. They spoke briefly with an inspector about this and reported that they enjoyed it. Other residents spoke about their wishes to go to visit particular areas in Dublin. Some residents spoke about when they went to the 'Lisdoonvarna' festival and where they went on hotel breaks. One resident met with had just returned to the house after going for a walk around the neighbourhood on their own. They spoke briefly with the inspector and appeared anxious about the inspector's presence. Staff offered reassurance and later the resident came to offer

the inspector a viewing of their bedroom.

Bedrooms that inspectors observed were nicely decorated and individualised. A number of residents in two houses were observed using keys to lock and unlock their bedrooms. This showed that residents' right to privacy and security of possessions were promoted. However, in one house, it was not clear that all residents had a choice to lock their personal possessions or not. The local management team undertook to follow this up when it was brought to their attention.

Throughout the inspection, inspectors met with the local management team and a number of staff. Staff spoken with appeared knowledgeable about the needs of residents. They spoke about what residents liked and what was important to them. Staff undertook 'human rights training' which was noted to be part of the centre's site specific training plan. Staff spoken with said that they found this training useful. Residents were consulted about the centre and supported to raise any concerns through weekly residents' meetings. There was evidence that where residents expressed dissatisfaction with aspects of the service that this was responded to and actions taken to resolve it. In addition, residents had been supported to access advocacy services. Two residents in one house had an independent advocate supporting them with issues that they were experiencing.

Observations on the day were that residents were treated with warmth and respect by staff. Staff members were observed to be responsive to residents' communications. Residents appeared comfortable around staff. Many residents spoken with said that they were happy living in the centre and that they felt safe there. A number of residents were attending an eight week 'capacity building' workshop, where they were supported to understand about how to keep safe. Some residents spoken with mentioned this training. However, as noted above, one resident said they did not feel safe at times, due to the actions of another resident.

There were easy-to-read notices on display throughout the homes; which included photographs of what staff were working that day. In addition, there were easy-to-read notices for residents about topics such as complaints, advocacy and staying safe online.

From a walkaround of the centre, it was found that the homes were nicely decorated, clean and spacious for the needs of residents. There were colourful furnishings, framed photographs and personal effects throughout the homes, which created a warm and homely atmosphere. There were suitable arrangements observed to promote infection prevention and control (IPC) such as pedal bins, colour coded mops, paper towel dispensers and hand hygiene equipment.

In two of the houses, the back gardens were accessible through double doors leading off the two dining rooms. Some residents spoken with explained how they would get out of the house and go to the assembly point in the event of the fire alarm going off. The gardens contained garden furniture, potted shrubs and raised flower beds and were well maintained. However, in one house the garden area would benefit from being further developed to ensure accessibility for all residents.

Inspectors were informed that this was part of the future plans for this home.

As part of this announced inspection, questionnaires were provided for residents and their representatives to give feedback on the service. Questionnaires from one house were returned to inspectors. In general, the feedback was positive with regard to choices offered, activities, food, rights and staff. However, one resident said that they would like a different room and that they would like to live with different people. They also noted that they were unhappy with their relationships with other residents. This resident spent time speaking with one inspector where they expressed their views of the house saying that they would like to live somewhere different.

Overall, the service was found to provide good quality person-centred care to residents and provided a service where residents were listened to.

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

Capacity and capability

Inspectors found that Oxview services was well managed with good systems in place for monitoring practices in the centre. Some improvements were required in the maintenance of records, premises and in the protection of residents. These will be elaborated on throughout the report.

A full application was received to apply to renew the registration of this centre. As part of the application, the provider requested to reduce bed numbers from 13 to 12. This meant that in one house where there were safeguarding concerns, an extra small sitting-room was created. The floor plans and statement of purpose had been updated to reflect this. This extra room allowed additional space for residents to relax away from each other, if they so wished. One resident was observed spending time alone in this new sitting-room during the inspection.

The person in charge worked full-time and was based at the centre. The staff team comprised nurses and healthcare assistants. Each house had waking night staff in place to support residents with their needs. Staff spoken with felt that there were enough staff on duty to meet residents' needs. They also felt that the addition of a 'twilight staff' facilitated more one-to-one supports for residents in one house where there were safeguarding concerns.

Staff members met with felt well supported and said that they could raise any concerns to the management team if required. Staff members were facilitated to raise any concerns through regular staff meetings. Each house had their own individual staff meeting, which created opportunities for the staff team to review residents' individual needs and supports required. A review of staff meeting minutes

demonstrated that a range of topics were discussed including; safeguarding, health and safety and reviews of incidents that occurred so that learning could be identified.

The systems in place to ensure ongoing oversight of the centre included a schedule of audits to be completed at set intervals throughout the year. These included audits in infection prevention and control, fire safety, complaints, finances, safeguarding, restrictive practices and medication management. A sample of audits reviewed found that they were generally effective in identifying areas for improvement. However, there were some gaps and inconsistencies in some of the documentation reviewed. This included gaps in staff training records and residents' care plans. In addition, in one house it wasn't clear that follow up actions from residents' meetings were kept under review for completion.

A service quality improvement plan (QIP) was in place which included actions from audits, risk assessments and inspections by the Health Information and Quality Authority (HIQA). This action plan provided for the monitoring of actions to ensure they were completed in the time frames identified. Inspectors were informed that this was updated by the person in charge and reviewed by the person participating in management (PPIM) every month. In addition, the person in charge was reviewing trends in incidents and spoke about how safeguarding was identified as the highest risk in the centre. There was evidence that this was under ongoing review and included senior management's input.

The provider ensured that unannounced visits every six months took place, and that an annual review of the care and support in the centre was completed, as required in the regulations. However, the annual review included consultation with one family representative only, despite management reporting that there was good family contact in this centre. Therefore seeking the views all family representatives, as appropriate, would allow for more feedback on the service which may inform quality improvement actions.

Overall, this inspection found a centre that was well governed, and had a management team that were responsive to issues and risks that arose.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and was based at the centre. They had the experience and qualifications to manage the centre. They were found to be knowledgeable about the operation of the centre and about residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a list of mandatory training that all staff working in the centre was required to complete. Some training was outstanding in manual handling for two staff and in cardiopulmonary resuscitation (CPR) for one staff. There were plans in place for this to occur in the coming weeks. There were some gaps found in staff training records maintained which made it difficult to establish if all the mandatory training had been completed. This is covered under regulation 21: records

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records were maintained in a clear and orderly fashion and were kept up to date. However, there were gaps in some records relating to staff training and some residents' information was unclear or was not recorded in sufficient detail to guide practice:

- there were gaps in some training records and the training matrix which recorded staff training was not updated with some of the training that was reported to be completed
- records of residents' personal property were not being documented in line with the provider's policy
- modified diet descriptors were recorded in inconsistent formats
- information of some nutritional care interventions although available, was not clear, and some was not easy to access in care folders.

Judgment: Substantially compliant

Regulation 22: Insurance

There was up-to-date insurance in place for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear organisational structure in place for the governance of the centre. In general, there were good arrangements for the monitoring of practices and systems in each location of the centre. However, the following was found in relation to governance and management:

- there were gaps in some documentation that was required to be in place
- the annual review of the quality and safety of care in the centre consulted with only one resident's representative as part of the review
- it was not clear that actions from some residents' meetings were followed up and monitored for completion

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose in place which included all the information as required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications that are required to be submitted to the Chief Inspector had been completed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which outlined the process for making complaints and the appeals process. There was an easy-to-read document regarding complaints to support residents in understanding how to make complaints. Where residents expressed dissatisfaction with aspects of the centre, these were

found to be responded to in line with the procedures.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all the policies and procedures as required under Schedule 5 of the regulations were in place and up to date.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in Oxview services were provided with good care and support. The centre was found to be responsive to residents' needs and strived to make sure residents were supported and listened to. One resident who reported that they wished to move to another home was being supported with this; however there were no clear time-frames on when this might happen. This required ongoing monitoring as the resident reported that they did not feel safe in the centre.

Inspectors found that residents' health, personal and social care needs were assessed. Some residents spoken with said that they attended meetings about their care and support. Where required, care plans were developed to guide staff in the supports required. This included support plans for behaviours. Behaviour supports plans reviewed were found to be comprehensive. In addition, it was clear that every effort was made to identify the cause of behaviours.

Residents had access to multidisciplinary team (MDT) members including psychologists, behaviour therapists, physiotherapists and speech and language therapy (SLT). Residents who required supports with communication, had communication profiles in place. In addition, where residents required supports with feeding, eating, drinking and swallowing (FEDS), there were care plans developed. However, some of this documentation required review to ensure that clear and consistent information was available to guide staff.

There was a policy and procedure in place for nutrition. Residents spoken with said that the food was nice in the centre and they could choose what meals to have. Some residents spoke about their favourite meals such as fish and salads. One resident was reported to have grown their own salad vegetables which were being used for lunch on the day of inspection. Residents' weights were being consistently monitored and recorded. However, in one instance, a clear weight management plan had not been put in place for a resident.

Residents were found to be consulted about the running of the centre. Regular residents' meetings occurred where choices were offered and information was shared about various topics. Residents were also supported to access advocacy services, with two residents actively being supported by the national advocacy services at the time of inspection. Most residents could lock their bedrooms as they chose. However some residents did not have the option of locking their bedrooms and there was no evidence that their preferences had been assessed. While most residents who lived in the centre had secure storage for their belongings, some residents' clothes were stored in shared bedroom furniture. There was a risk that this could impact on the privacy and dignity of these residents, and there was no evidence that they had been consulted about this arrangement. In addition, some residents' money was being managed by others. Although these residents could access their funds on request, they did not have control of their own money, and their preferences regarding money management had not been assessed.

As mentioned previously in one location, there were a number of safeguarding concerns that had been notified to the Chief Inspector. One resident reported that they wished to move house and wished to live with different people as they did not feel safe due to another resident shouting. The local management team were aware of the concerns and had recently met with residents affected to establish their wishes. Residents affected were attending an eight week workshop regarding capacity building and learning about how to keep safe. However, while the provider was following up on the concerns, there were no time-frames on when this issue might get resolved for all residents affected. This required progression to ensure that residents felt safe and secure in their home.

In summary, inspectors found that there were good arrangements in place to monitor and oversee residents' care and support. However, as noted throughout the report, improvements in ensuring timely progression of safeguarding actions would further ensure residents' safety and quality of care.

Regulation 10: Communication

There was a policy and procedure in place for communication. Residents who required supports with their communication preferences had communication support plans in place, which were seen to be used during the inspection.

Residents had access to telephones, televisions, radios, technological devices and the internet. In addition, one resident who liked to read newspapers was supported with this interest.

Judgment: Compliant

Regulation 11: Visits

There was a policy and procedure in place for visitors. Visitors were welcome to the centre. Each house had space for residents to receive visitors in private if they so wished.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had not ensured that, as far as reasonably practicable that each resident has access to and retains control of their personal property, including their own money, and that each resident has access to a secure space to store clothing and personal belongings.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were found to have varied and individual interests, both in their home and the wider community. Some of these interests included; playing golf, gardening, going to music concerts and traditional music sessions, attending festivals and going for hotel breaks. Some residents were reported to be going on a trip to 'Centerparcs' in the coming weeks, and some residents were supported to seek opportunities for social farming, in line with their interests. In addition, residents were supported to attend an external day service, in line with their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre met the aims and objectives of the service, and the needs of residents. All houses in the centre were well maintained, clean and suitably decorated and equipped, and provided residents with comfortable communal and private space. However, in one house, personalised décor, access to secure, lockable space, and accessibility to the garden required improvement:

- residents' preferences for individualising of one bedroom with personal belongings had not been assessed
- lockable storage areas and the option of locking bedrooms had not been offered to some residents

- the lawn in one house was not readily accessible to all residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. Residents chose their own food. Suitable foods were provided to cater for residents' preferences and assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a 'residents' guide' which included all information that was required under the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, there were good arrangements in place to promote effective infection prevention and control (IPC) measures. These included; hand sanitising equipment, the use of disposable paper towels, colour-coded mops and safe waste arrangements. In addition, it was found that IPC was kept under ongoing review, with regular audits completed on the arrangements in place. Residents were supported to understand about IPC through easy-to-read posters and information booklets, and through discussion at residents' meetings.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety in all three houses. These included; regular fire drills, fire safety audits, fire fighting equipment, fire containment measures and emergency lighting. Residents had individual personal emergency evacuation plans which included details on the supports required. A number of residents spoken with talked about what they would do in the event that the fire

alarm went off, which included getting out of the house immediately and going to the assembly point at the front of the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that assessments were completed on the health, personal and social care needs of residents. Care plans were developed, where the need was identified. These were found to be under ongoing review and updated as required. Residents' annual review meetings took place with the maximum participation of residents and their representatives as appropriate.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents were supported to achieve the best possible health. Residents health and wellbeing were found to be monitored regularly. Residents were facilitated to attend a range of allied healthcare professionals where this was required and in line with residents' wishes. Residents were offered access to national screening and vaccination programmes, and were supported to attend these if they chose to.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff received training in behaviour management. Residents who required supports with behaviours of concern had comprehensive support plans in place which included MDT input. It was evident through reviews of various documentation, including incident reviews, that every effort to establish the cause of behaviours was explored.

Restrictive practices were found to be kept under ongoing review to ensure that they were the least restrictive option. Protocols that were in place for restrictive practices included a clear rationale for their use.

Judgment: Compliant

Regulation 8: Protection

There were safeguarding concerns in one location of the centre where two residents were impacted by the behaviours of another resident. The Chief Inspector had been notified of six safeguarding concerns so far in 2023. These related to residents being affected through name calling, teasing, shouting and in one instance a resident had been elbowed by another.

Safeguarding concerns that arose in the centre were found to be investigated in line with the policy and procedure for safeguarding vulnerable adults. Residents were supported to develop the skills and knowledge to support self-protection through attendance at workshops in safeguarding. Residents that were impacted had also been supported to access advocacy services, and their advocate was actively involved in supporting them with their concerns. The management team had met with the affected residents recently and sought their views. One resident expressed a wish to move from the centre. They also inform the inspector of this, saying that they did not like the actions of another resident and saying that they did not feel safe. They also spoke about where they would like to move to and what type of a bedroom they required.

However, the following was found:

- While there were ongoing discussions with residents about their individual wishes about where they would like to live in the future, there was no clear time-frame on this and one resident continued to feel afraid in their home.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially 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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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	Substantially compliant

Compliance Plan for Oxview Services OSV-0004431

Inspection ID: MON-0032048

Date of inspection: 22/08/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: To ensure compliance with Regulation 21: Records</p> <ul style="list-style-type: none"> • The CH CDLMS Training Matrix has been updated to ensure all training certificates are in date and are inputted onto the matrix to reflect all mandatory and site specific training completed. • The Schedule 5 policy on Person’s personal property, personal finances and possessions was reviewed and updated in line with Guiding Principles on Residents personal property, personal finances and possessions on 27/09/23. • Personal property record-requirement to record personal items has increased from €10 to €30 in the policy on person’s personal property, personal finances and possessions • Resident’s personal property records have been reviewed and updated in line with this requirement and the personal property record is filed and maintained in the residents file. • The Person in charge has ensured all diet descriptors are recorded in consistent format. All PCP’s have been reviewed and it has been communicated to all staff the format in which interventions will be laid out. PIC also continues to carry out regular PCP audits. • The Person in charge will ensure all care and interventions will be easily accessible in care folders. All resident’s interventions and associated guidelines are now beside each other in their PCPs and it is clear what guidance is to be followed. <p>All actions above will be completed by 13/10/23</p>	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The person in charge will review and sign the minutes of the resident’s weekly meetings to ensure that actions which arise from residents meetings will be followed up, monitored and documented when complete. • The provider has contacted all family representatives for consultation to seek the views of all family representatives as part of the annual review of quality and care within the service. • The person in charge will ensure all documentation is triangulated and cross referenced to ensure all interventions are reviewed and easily accessible. A review of all PCPs has been carried out and communication on improvements required has been communicated to all staff. The PIC will also continue to audit PCPs to ensure standards remain high. <p>All actions above will be completed by 13/10/23</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>To ensure compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Resident’s personal property records have been reviewed and updated in line with the Policy on person’s personal property, personal finances and possessions and the guiding principles. • The resident’s personal property record is filed and maintained in the residents file. • Each resident has access to their own private monies and each person has an up to date financial assessment in place. • Each resident has a financial competency assessment completed in order to assess their ability to manage ones financial affairs and/or identify the levels of support that may be required by each resident to carry out this function. The financial competency assessment is reviewed annually and updated if required. • Each resident is afforded the opportunity to retain control of their personal property, including their own money and each resident has access to a secure space to store their clothing and personal belongings. All residents will be offered the choice to have lockable storage areas in their bedrooms as per their will and preference. • Residents have a choice to hold their personal money on their person if they wish to do so and the resident choice will be clearly documented. <p>All actions above will be completed by 13/10/23</p>	

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Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 To ensure compliance with Regulation 17: Premises:

- All residents have been given the opportunity to lock their bedrooms should they wish. Each individual's preferences will be clearly documented.
- All residents bedrooms have been personalized to their own preference and all residents have been given the choice to have lockable storage areas in their bedrooms.

All actions above have been completed by 13/10/23 as above

- The accessibility of the garden has been escalated up to the maintenance department within the service. The garden will be developed to ensure accessibility for all residents.

This will be completed by 30/03/2024.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 To ensure compliance with Regulation 8: Protection:

- A NIMS, preliminary screening and HIQA notification is completed for any incident of safeguarding and these will be escalated up to senior management in the service.
- Comprehensive formal safeguarding plans are in place for residents in this centre as required containing actions and interventions in place to ensure the safety of the residents. The effectiveness of the formal safeguarding plans is reviewed every six months or sooner if required by the person in charge.
- Residents who are impacted by safeguarding issues in the designated centre have been referred to the Disability Support Application Management Tool (DSMAT) committee.
- The resident who wishes to relocate from the service is kept up to date on progress in sourcing accommodation.
- All existing vacancies within the overall disability service are discussed at the DSMAT meeting and each resident considered.
- Existing vacancies within the service have been explored but are unsuitable due to the residents care needs and preferences.

All actions above will be completed by 13/10/23

- Suitable accommodation for the resident will be sourced in line with their care needs and preferences.

This will be completed by 30/03/2024.

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(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	13/10/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required	Substantially Compliant	Yellow	30/03/2024

	alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	13/10/2023
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	13/10/2023
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	13/10/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	13/10/2023
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to	Substantially Compliant	Yellow	13/10/2023

	in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/03/2024