



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

Issued by the Chief Inspector

Name of designated centre:	The Lodge
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	05 March 2024
Centre ID:	OSV-0004826
Fieldwork ID:	MON-0034034

About the designated centre

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

This designated centre provides a residential service. The service is currently registered to provide residential services to a maximum of four residents who are accommodated in two different houses. One house is centrally located in a busy rural town. The second house is located in a smaller rural village approximately 10kms away. The first house is a single storey property and each resident is provided with their own largely self-contained section of the house. Each resident has en-suite facilities in their bedroom and a separate bathroom is also available. The second house is a two-storey property where each resident is provided with their own bedroom and share the main bathroom. A social model of care is provided and the staff team is comprised of social care workers and support workers; staff are present in the house at all times. Responsibility for the day to day management of the service is assigned to the person in charge supported by a lead social care worker in each house. The service and the support provided are based on the principles of individualised service design and are tailored to meet individual needs as identified through the person centred planning process.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 5 March 2024	10:00hrs to 17:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to monitor the provider's compliance with the regulations and standards as the provider had applied to the Chief Inspector to renew the registration of this centre. These inspection findings reflected a service that was well-managed and overseen. The provider had sustained the improvement found at the time of the last inspection completed in April 2023.

The centre is comprised of two houses in two different locations approximately a 15 minute drive from each other. Two residents live in each house. The residents living in one of the houses originate from the village where the house is located. This is very important to both residents and will be discussed again in this report as it is highly likely that the residents will have to move from this house and from the village.

The inspector started the inspection in this house. Both residents had delayed their plans so as to be at home when the inspector arrived. The residents gave the inspector a warm welcome. One resident was watching mass being live streamed from a local church while the other resident was catching up on their social media account. There was discussion of family, family events, both celebrations and recent loss and, the broad range of roles, interests and activities they both enjoyed in the local village and other nearby locations. For example, one resident confirmed that he was still supported by the staff team to undertake his window cleaning business while the other resident reported how much they enjoyed their short period of work in the local shop. The residents could walk to this shop and walked there each morning to buy their cigarettes.

The residents listed the amenities and activities they accessed and enjoyed with support from staff such as golf, horse-riding, soccer, table-tennis, swimming, boccia, watching sports, dining out and using a horticulture facility in another nearby town. The residents were looking forward to an overnight hotel stay and a visit to a recently established rugby exhibition centre. The house was near to home and family and the location facilitated regular family visits to the house and to the family home. Both residents then left with the staff member on duty to attend their planned activity and on their return said they had enjoyed their morning and had also gone for a walk and light refreshments at a nearby seaside location.

These residents were siblings and enjoyed a protective and supportive relationship with each other. The provider was also aware however that they were individuals with their own interests. The provider sought to reflect this in the staffing arrangements so that they had opportunity to do different things and make different choices. Both residents spoke of how they missed a staff member who had supported them for many years and who had recently retired. The residents shared with the inspector a photograph of the retirement party that was framed and proudly displayed on their mantelpiece

On their return to the house the inspector noted how the residents managed their cigarette smoking plan and made themselves a cup of coffee. Residents showed the inspector their shed where one resident was completing a large jigsaw. Both residents were leaving again to do some light external maintenance on the grounds of the local church. The residents had a key for the church and were responsible for opening the church some mornings.

It was evident from these routines how embedded and included these residents were in their local community and, the potential impact on them of having to leave the village. The provider was very aware of this, had clearly documented that the residents were not happy and, the provider was making reasonable but unsuccessful efforts to find alternative accommodation for the residents in the village. One resident became a little anxious when the inspector attempted to discuss this matter with them so the inspector did not pursue the conversation.

Residents said they were getting on great with the new person in charge who was present in the house to facilitate this inspection. There was a very easy rapport between the residents and the staff member on duty. The staff member said that the new management structure put in place for the region was working well for the residents and for the staff team. The person in charge could clearly describe throughout the day how this structure operated and how they planned, managed and maintained oversight of the service provided to all four residents.

In the late afternoon the inspector moved on to the second house to complete aspects of the inspection and to meet with the regional manager. One resident was at home when the inspector arrived but was unwell due to an existing medical condition. The resident preferred not to meet with the inspector as they were not feeling up to it. Based on records seen and discussions with the person in charge there were good arrangements in place for monitoring and meeting residents' healthcare needs.

The second resident arrived back to the house shortly afterwards from their day-service. The resident looked very happy and very well. The resident asked the inspector their name and where they were from and agreed to show the inspector their bedroom which they said they loved. The resident was a little preoccupied however as they had left a folder in the day service. The resident was supported by a staff member to return to the day service to retrieve the folder.

In summary, this was a well-managed service where residents had the support that they needed to enjoy good health and a good quality of life. The provider demonstrated a high level of compliance with the regulations reviewed.

The next two sections of this report will describe the governance and management arrangements in place in the centre and how these assured the appropriateness, quality and safety of the service provided to residents.

Capacity and capability

At the time of the last HIQA inspection and as referred to in the first section of this report, the provider had a plan for new governance and management arrangements for this service. This restructuring was now complete and was, based on these inspection findings, working well.

The provider had put in place a regional manager for the region. The person in charge reported to the regional manager and confirmed they had good access and support from their regional manager. The regional manager convened monthly meetings with all of the persons in charge in the area and these meetings were described as a good forum for shared discussions and learning.

The person in charge had practical support in the management and administration of the service from a lead social care worker in each house. However, the person in charge actively participated in functions such as the planning and oversight of the staff duty rota, staff attendance at training, the completion of formal staff supervisions and, convened regular staff meetings in each house. The houses did in general operate independently from each other, for example, in relation to their staffing arrangements. The staff duty rota reviewed by the inspector was well presented and reflected the staffing arrangements observed and described.

The person in charge had completed the annual service review for 2023 and records seen by the inspector confirmed that the quality and safety reviews required by the regulations to be completed at least every six months were completed on schedule. The person in charge had sought feedback from residents and their representatives to inform the annual review. The feedback on file was very positive. Residents said they had good choice and control and felt safe in the centre. Representatives rated the service as excellent.

Where residents had made requests or suggestions in their feedback these were included in the associated quality improvement plan. Overall, repeat reviews found that quality improvement plans were progressed satisfactorily. The number of quality improvement plans that issued from the most recent internal review was very low. These positive HIQA inspection findings would concur with those internal findings. The greatest priority identified by the provider was the securing of a permanent home in the village for these two residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications required for the role. The person in charge could clearly describe to the inspector how they planned, managed and maintained oversight of the service. The person in charge maintained a presence in both houses during the week and was accessible to both staff teams, the residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Based on the evidence available to the inspector such as the review of the staff duty rota, discussions with the person in charge and, the inspectors observations, suitable staffing levels and arrangements were in place. The person in charge could describe how the monitoring of incidents and clinical data provided assurance that the sleepover staffing arrangement in each house was suitable and safe. There was a low turnover of staff and the provider had successfully recruited staff including relief staff. The provider sought to provide residents with additional staff support so as to promote the individuality of the service. For example, changes had been made in one house to support residents to enjoy a slower pace of life. Plans were in progress in the other house to provide a further additional 19.5 hours of support to promote the individuality of the service. The staff duty rota was planned in advance and was well presented. Nursing advice and care was available as needed from community and hospital based resources.

The inspector requested a specific sample of staff files to review. These files were held centrally and were made available. Initially there were some missing items in relation to documentary evidence of training and qualifications but this was addressed very quickly once highlighted by the inspector. The files reviewed contained all of the required information and records such as employment history, references, a Garda Vetting disclosure completed prior to employment and, again during employment for longer term staff as required by the providers own policy.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge in consultation with the social care workers maintained oversight of staff attendance at training such as training in safeguarding, fire safety and, responding to behaviour that challenged. The inspector saw from the training matrix that most of this training was complete and any refresher training that was

due was scheduled. Refresher training that would be out-of-date later this year was highlighted on the matrix so that it would be booked. The inspector saw that the person in charge brought to the attention of the staff team, at the regular staff team meetings, training that was to be completed by them. The person in charge assured the inspector that staff were in the process of submitting certificates to confirm their completion of training such as in infection prevention and control.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information such as the resident's name, date of birth, date of admission and, the name and contact details of their representative.

Judgment: Compliant

Regulation 21: Records

All of the records requested by the inspector were in place and available for inspection. For example, an assessment of residents' needs, a record of the meals provided, a record of the charges to residents, of medical care provided and, each medicine prescribed and administered to the resident.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted documentary evidence with its application seeking renewal of registration that it had effected appropriate insurance such as against injury to residents. The contract for the provision of care advised residents of the insurance in place and any limitations to it.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clear and was, based on these inspection findings,

operating effectively so as to assure the quality and safety of the service provided to residents. There was clarity on roles and responsibilities and while there were delegated functions, the person in charge was actively participating and overseeing key areas such as personal planning and risk management. The provider had quality and assurance systems that were completed on schedule and that effectively collected data about the quality and safety of the service including the views of residents and their representatives. The provider captured information about what was positive but also where improvement was needed or challenges that compromised the quality and appropriateness of the service. For example, the most recent internal review completed by the Director of Services reported the challenge of the lease that was due to expire, the efforts made by the provider to address this and, most importantly, the views and concerns expressed by the residents themselves and the staff team on their behalf. This matter was described as a significant priority for the provider and the provider continued to seek a resolution to this matter.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been no new admission to the centre since the last HIQA inspection. Each resident was provided with a contract for the provision of services. The contract reviewed by the inspector was consistent with the needs of the resident, accurately described the facilities and services provided, the applicable fees and details of how these were calculated.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information such as details of the governance and management structure, the staffing arrangements, how to make a complaint and, the arrangements for receiving visitors. The statement of purpose was available in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were centralised arrangements for the selection, vetting and supervision of

persons who supported residents but who were not directly employed by the provider. The person in charge was familiar with and described how they participated in these arrangements to ensure suitability to the needs of the centre and to the needs of the residents.

Judgment: Compliant

Quality and safety

As discussed in the previous section of this report this was a well-managed service. The objective of management was to provide each resident with a safe, quality service that was appropriate to their needs. The provider had in place the arrangements residents needed to enjoy the best possible health and, a good quality of life closely connected to their local community and family. The greatest possible risk to this was the likely requirement for two residents to have to relocate to another location.

The person in charge could clearly describe the current status of each resident's needs and the support and care that they received in response. The personal plan reviewed by the inspector had recently been transferred to the new personal outcomes measures format (POMS). Residents and their representatives participated in the personal planning process. The plan set out the resident's personal goals and objectives for the coming year. The personal plan included the challenge (as the POMS process was rights based) that was going to present to the choice the resident had as to where they lived.

The person in charge ensured that the support and care that each resident received, including healthcare, was informed by the relevant members of the multi-disciplinary such as the general practitioner (GP), psychiatry, hospital based clinicians and, the positive behaviour support team.

There were times when residents could be challenged by events such as changes in the staff team or changed plans and expressed their anxiety as behaviour that challenged. In response to one such incident the person in charge had ensured that the positive behaviour support plan was reviewed by the positive behaviour support team in consultation with the staff team. The strategies used by staff were as outlined in the plan such as the use of a visual staff rota and easy, reassuring communication.

The person in charge maintained good oversight of incidents that had occurred and, how they were responded to and managed by staff. Feedback and learning was discussed at the regular staff team meetings. Risk assessments were reviewed and corrective actions such as the review of the positive behaviour support plan were identified and progressed.

In general, the provider had suitable fire safety arrangements in each location such

as emergency lighting and a fire detection and alarm. However, oversight of fire safety had not identified the practice of storing flammable items under the stairs in the two storey premises. Once highlighted by the inspector, the person in charge with assistance from a staff member commenced the removal of these items.

This was a very person centred service as defined by HIQA's national standards. Residents received the right support at the right time to enable them to lead their lives in as fulfilling a way as possible. Residents were spoken with and had input into decisions about their support and could make choices that were respected. For example, residents were supported in their decision to continue smoking and, if they changed their mind about a planned activity this was respected and facilitated. The provider recognised and empathised with the impact and the concerns raised by two residents about their likely relocation from their place of origin. This was clearly captured and recorded in records seen such as internal reviews, the personal plans and, the centres risk register. However, the provider did need to put an explicit plan in place demonstrating how the provider would work in close collaboration with both residents and their representative as appropriate so as to support them and work towards achieving an agreed and desired outcome for the residents.

Regulation 10: Communication

Any additional requirement for communication supports were outlined for example in the positive behaviour support plan. Residents had access to a range of devices and the internet. Residents were provided with education and support as to how to safely use their devices and safely manage their communications.

Judgment: Compliant

Regulation 11: Visits

Family and home were important to residents. Residents in line with their individual circumstances, had regular access to home and family. Visitors were welcome to both houses. There were reasonable controls such as ascertaining visitor well-being prior to entering the houses.

Judgment: Compliant

Regulation 13: General welfare and development

The support and care provided to each resident was informed by the MDT ensuring its evidence base. The residents the inspector met with presented as content,

engaged and busy. Residents had access to a range of services and amenities including off-site day services and a programme of activities co-ordinated from each house. Residents had opportunity to volunteer and to enjoy paid employment. Residents were supported to maintain friendships and relationships that were important to them and to be meaningfully integrated into their local community. A resident maintained contact with and had recently visited a peer that they had previously lived with.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained all of the required information such as the terms and conditions of residency, how residents were consulted with and how to make a complaint.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider recognised and empathised with the impact and the concerns raised by two residents about their likely relocation from their place of origin. The provider was making reasonable efforts to avoid this relocation. However, the provider did need to put an explicit plan in place demonstrating how the provider would work in close collaboration with both residents (and their representative as appropriate) so as to support them as they transitioned between residential services and, how the provider would work with them towards achieving an agreed and desired outcome. For example, how the provider would ensure the residents would keep their links in the village and would keep up their roles in the village such as with the church. Arrangements and commitments such as these had the potential to impact on staffing and transport resources for the provider. The plan needed to be realistic as to how the provider planned to keep or get the residents back to this community.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge maintained good oversight of the risks that presented in the centre and their control. Control measures were proportionate to the risks that presented and did not unduly impact on residents' choices and preferences.

Residents, as appropriate to their needs and abilities, were supported to take reasonable risks so as to enhance their quality of life such as walking to the local shop and using public transport. The person in charge reviewed any incidents that occurred and their management. The person in charge ensured that where additional controls were needed these were implemented and communicated to the staff team. For example, review was sought from the MDT, plans were reviewed and additional monitoring records were put in place. There were arrangements in place for ensuring vehicles used to transport residents were roadworthy and insured and regularly inspected so as to identify any defects.

Judgment: Compliant

Regulation 28: Fire precautions

Each house was equipped with appropriate fire safety measures such as a fire detection and alarm system, emergency lighting and fire-fighting equipment. The inspector reviewed the fire safety register in one house. There was documentary evidence on file that these systems were inspected and tested at the required intervals. Regular simulated drills tested the providers arrangements for evacuating residents and staff. Good evacuation times were reported. The person in charge audited the findings of these drills, was aware of any difficulties that arose and identified any corrective actions needed. For example, one resident had recently evacuated the house but refused to proceed to the assembly point because it was too dark due to an external light not working. This was addressed. However, oversight of fire safety had not identified that the spaces (there was a turn in the stairs) under the stairs in one house were used to store flammable items including cardboard boxes and paper files. The person in charge addressed this once it was highlighted by the inspector.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were consulted with and had input into their personal plan. Representatives were also invited to participate and contribute if this was what residents wanted. The plan and the support and care provided was reviewed as needed. The MDT were consulted with so as to assure the effectiveness of the plan. The plan set out the resident's goals and objectives for the year including any potential obstacles to the resident achieving their desired objective such as where they choose to live.

Judgment: Compliant

Regulation 6: Health care

It was evident from speaking with the person in charge and from records seen that the staff team monitored resident health and general well-being and were attuned to any changes of concern. The person in charge ensured that residents had access to the services and clinicians that they needed including screening programmes. The person in charge followed up on any recommendations made. The effectiveness and possible side effects from prescribed medicines was monitored, for example through regular blood-profiling. Residents attended their appointments and were supported to understand the care that they needed. The social care worker and the person in charge were monitoring appointments that were scheduled but awaited. Residents and the staff team were reported to have good access and good support from the GP's and specialist nursing services. For example, support and advice was received in relation to the development of specific care plans and protocols.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were times, not frequently, when residents were challenged to cope with certain situations that presented. For example, it was well established that a resident struggled to cope with changes such as changes to the staff team and staff that they were not familiar with. The person in charge had arranged for a review of the positive behaviour support plan and had submitted a referral for a review of another plan given some changed behaviours observed by staff. The person in charge monitored incident records to ensure possible triggers were avoided and the plan was adhered to. Residents had minimal restrictions in their lives and were consulted with, understood and agreed to the restriction in place. This was a tobacco management plan. Though not actively used, staff had completed training in de-escalation and intervention techniques.

Judgment: Compliant

Regulation 8: Protection

Staff completed both face-to-face and on-line training in safeguarding. The providers safeguarding policy and procedures were discussed at the regular staff team meetings. Risks and how to stay safe was discussed with residents, the contact details for the designated safeguarding officer were prominently displayed and, residents named the safeguarding officer as a person they would speak to if they had a concern. There was no active safeguarding plan. In the context of their

needs and with due regard for their disability, residents were in general supported by staff when out and about in the community.

Judgment: Compliant

Regulation 9: Residents' rights

This was a very person centred service as defined by HIQA's national standards. Residents received the right support at the right time to enable them to lead their lives in as fulfilling a way as possible. The provider could set out for the Chief Inspector the compelling reason why, the residents would have to leave their home when this was not in line with their expressed wishes and preferences. The report of the annual review stated that both residents were very clear on their expressed wish to remain living in this village if not in this particular house. The provider could set out for the Chief Inspector the efforts it had made and that it continued to make to secure an alternative home for the residents in the same locality. However, the provider did need to set out an explicit plan with responsible persons and timeframes identified. The plan needed to detail the residents' expressed wishes and preferences as to where they wished to live and how they would be supported in achieving their desired outcome. For example, how they were and would be provided with information on their rights including their tenancy rights and, assured as to how their rights were upheld. The plan needed to set out any objections or specific conditions the residents had, such as in relation to accepting a temporary relocation. The plan needed to set out that residents were offered and supported to access an independent advocate as provided for in their individual service agreement, in addition to the service provider's duty of care which was, based on these inspection findings, being exercised. The need for this plan is actioned above in relation to Regulation 25: Temporary absence, transition and discharge of residents.

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	
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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Lodge OSV-0004826

Inspection ID: MON-0034034

Date of inspection: 05/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <p>25 (3) (a)</p> <ul style="list-style-type: none"> • The PIC will schedule individual meetings with both residents to understand their concerns, preferences and desired outcomes regarding the relocation. • The PIC will develop personalised transition plans for each resident in collaboration with them and their advocates. • PIC will include strategies to ensure the residents can continue their involvement in village activities and roles, considering their individual needs and preferences. • The PIC will liaise with local community organizations, including the church and other relevant groups, to explore opportunities for continued involvement of the residents. • The PIC will ensure transportation is available to and from village events and activities, ensuring residents can participate as desired. • The PIC will assess staffing and transport resources needed to support residents in maintaining their community links and roles. • The PIC will have regular check-ins with residents and to monitor progress and address any challenges or concerns. <p>25 (3) (b)</p> <ul style="list-style-type: none"> • The PIC will Develop Personalized Training Plans for each resident focusing on the life skills required for their new living arrangement. • The PIC will include training modules on essential skills such as self-care, household management, budgeting, communication, and community integration. • The PIC will monitor residents' progress in acquiring and applying life skills through regular assessments and feedback sessions. 	



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
25 (3) (a)	Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.	Substantially Compliant	Yellow	15/04/2024
25 (3) (b)	Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.	Substantially Compliant	Yellow	15/04/2024