

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

## Issued by the Chief Inspector

Name of designated centre:	Ford Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	12 March 2024 and 13 March 2024
Centre ID:	OSV-0004940
Fieldwork ID:	MON-0034140

## About the designated centre

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

Ford Services provides a full-time residential service to four adult residents. The centre is comprised of four self-contained apartments in a rural town, close to amenities such as public transport, shops, restaurants, churches, post office and bank. Three of the four apartments are at ground floor level and could accommodate people who have a physical disability. The fourth apartment is located at first floor level within the same compact development. Residents have access to a nearby facility with a garden where they engage in a range of activities supported by staff. The model of care is social and is based on the process of individualised assessment. A staffing presence is maintained at all times and the night-time arrangement is a staff on sleepover duty in one of the apartments.

**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 12 March 2024	11:00hrs to 18:05hrs	Jackie Warren	Lead
Wednesday 13 March 2024	09:30hrs to 11:10hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met, and spoke with, the residents who lived in the centre. The inspector also met with the person in charge, members of the management team and staff on duty, and viewed a range of documentation and processes.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing, autonomy, and quality of life of residents. However, some improvement was required in relation to access to external advocacy and to residents' service agreements, although these issues did not currently impact on the safety or quality of life enjoyed by residents.

The centre consisted of four adjacent self-contained apartments in the centre of a rural town. The centre was laid out and equipped to meet the specific needs of the people who lived there and provided them with a safe and comfortable living environment. Each apartment had a kitchen, sitting area and bathroom. There was also a separate communal room with some catering facilities. Staff used this area as a base and throughout the inspection, residents dropped in frequently for a chat with each other and with staff, or to have a cup of coffee. While residents were being supported to live as independently as possible, they had access to staff at all times and had an effective system for calling on staff whenever they needed them.

All residents invited the inspector to see their apartments. All apartments were clean and comfortable, and were decorated and furnished in a manner which reflected the needs and tastes of each individual who lived there. For example, rooms were personalised with personal items and there was plenty of space for hobby equipment.

The inspector met with the residents, all of whom were happy to discuss their lives in the centre. Residents said they were very happy with all aspects of living there. Residents told the inspector that they were well supported by staff, who provided them with good care, and that they always made their own choices around their lives. Residents said that they would feel comfortable to raise any concerns with staff and were confident that any issues would be addressed. These residents knew who was in charge, and they said that they trusted the staff.

Resident told the inspector that they enjoyed the meals in the centre. They explained that they had choices around their food shopping and meals, and that staff supported them to prepare meals that they liked. Residents were involved in

cooking and food preparation at a level that suited them, and one resident liked to do their own cooking and food shopping independently. Residents had flexibility around their dining arrangements. Sometimes they chose to dine by themselves in their apartments, and on other occasions they chose to visit and eat in each other's apartments. Residents said that they often went out to the town for a meal, coffee or a drink and that they enjoyed this.

As this was a home-based service residents had choices around doing things in the centre, attending activities at external services, or going out to do things in the community. The centre had dedicated transport, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference.

Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, shopping, visiting families, gardening, activities such as bowling, cinema, picnics and going to the circus, arts and crafts, and music. All residents had gym memberships and went there regularly. A resident who enjoyed agriculture was involved in a social farming project. On the day of inspection, all residents were busy and were out and about at various times during the day, doing activities such as personal banking, football, a walk and visit to a holy well, and one resident went to tend to their hens and collect eggs. A resident told the inspector that they would be going out socially in the town later on and were looking forward to that, and another resident talked about going away at the weekend for a hotel break with family. A resident who loved music had recently been to see a Queen tribute band, while two residents had travelled overseas for a football and music themed break. Some residents enjoyed creative activities and the inspector saw painted pictures displayed in an apartment, and a handmade clock and a garden bench which had been made by residents.

Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and they chatted and laughed together frequently. Staff were observed spending time and interacting warmly with residents, supporting their wishes, and discussing and facilitating their plans and preferences.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents. While this inspection identified a good level of personalised care and social support for residents, there were some areas for improvement related to documentation, which will be discussed in the next sections of this report.

## Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there.

There was a clear organisational structure in place to manage the service, which included a suitably qualified and experienced person in charge. There were effective arrangements to support the person in charge in the management of the centre, and also to manage the service and support staff when the person in charge was not on duty.

There were a range of resources in place oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service which included consultation with residents. The centre was also suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support the resident's preferences and assessed needs. The provider had also ensured that the service and residents' property were suitably insured.

Documents required by the regulations were kept in the centre and were available to view. A sample of documents viewed during the inspection included personal planning records, incident records, service agreements, audits, and medication records. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. A range of policies were also available to guide staff.

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

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. The role of the person in charge was full-time. The person in charge was suitably qualified and experienced for this role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was very involved in the running of the service

and that the residents knew him. The person in charge worked closely with the wider management team, staff and a team leader who was based in the centre.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. There were planned and actual staffing rosters and these were accurate on the day of inspection. Staff who spoke with the inspector were very knowledgeable of each resident's support needs and were very focused on ensuring that person centred care was being delivered.

Judgment: Compliant

### Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre and to ensure that a high standard of care, support and safety was being provided. The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support of residents. These audits showed a high level of compliance.

An organisational structure with clear lines of authority had been established to manage the centre. There was a suitably qualified and experienced person in charge who was very knowledgeable regarding the care and support needs of each resident. There were effective arrangements in place to support staff when the person in charge was not on duty. The person in charge was supported by a team leader who was based in the centre.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support the resident's preferences and assessed



needs.

Judgment: Compliant

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

The provider had developed written agreements for the provision of service for all residents. However, while these agreements were informative and included a wide range of information about the service to be provided, they did not meet all the requirements of the regulations. The fees to be charged were not specifically stated in the agreements, although, this information had been communicated in another way, by a clear, easy-to-read document that had been supplied to each resident.

Service agreements had not been signed appropriately. Residents had not had the opportunity to sign their own service agreements and their wishes to sign these agreements had not been explored. All agreements had been signed, both on behalf of residents and on behalf of the provider, by managers in the service.

Judgment: Not compliant

### Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and was available to residents and their representatives.

Judgment: Compliant

### Regulation 30: Volunteers

The provider did not use volunteers in their services. However, there was an up-to-date volunteer policy to guide practice in the event of this being required at any stage.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date. Additional policies and guidance documents, such as policies on fire safety and infection control, were also available to inform staff. Policies were available in an online format and staff knew how to access them as required.

Judgment: Compliant

## Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care.

A good quality and safe service was being provided to residents who lived in this centre. The provider had good measures in place to ensure that the wellbeing and health of residents was promoted, that residents had autonomy and independence and that they were kept safe. The management team and staff were very focused on maximising the community involvement and general welfare of residents, as well as ensuring that their rights were supported. The inspector found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed.

The person in charge and staff were very focused on ensuring that residents' general welfare, social and leisure interests, and community involvement were well supported. Residents could take part in a range of social and developmental activities both at the centre, at activity centres and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. There were flexible arrangements around residents' activity choices. Residents could choose to attend activities, on their preferred days only, or to receive a home-based service from the centre.

Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, housekeeping tasks, arts and crafts and keeping in touch with family and friends. The residents liked going out for walks and drives in the local area, taking exercise and going to the gym. The staffing levels in the centre, and availability of transport, ensured that each resident could be individually supported by staff to do activities of their preference.

The centre comprised four separate self-contained apartments in the centre of a rural town. The inspector found that the apartments were comfortable, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. All apartments were kept in a clean and hygienic condition and had access to small separate garden areas. The location of the centre gave residents very good access to a wide range of community amenities and activities, which they could reach on foot or in the centre's vehicles.

Family contact and involvement was seen as an important aspect of the service. Residents could have visitors in their apartments as they wished and were also supported to meet family and friends in other places.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs. Annual review meetings took place at which plans and goals for the coming year were developed and agreed. These plans and goals were person centred and meaningful to residents.

Residents had access to medical and healthcare services to ensure their well-being. All residents had access to general practitioners and other health professionals and could choose to attend annual health checks and to take part in vaccination programmes if they wished to. Residents were also informed about national health screen programmes and were supported to attend these if they chose to. Furthermore, there were safe practices in the centre for the management, storage and disposal of medication. Risk assessments had been carried out to assess residents' capacity to manage their own medication, and medication was being administered in line with these assessment outcomes.

The provider had good systems in the centre to keep residents safe and to manage and reduce risks. General risks, as well as individualised risks specific to each resident, had been identified and control measures were documented. For example, falls risk was reviewed at this inspection and was found to be well managed. There were suitable measures, such as risk assessment, multidisciplinary involvement, care planning, and medical intervention, introduced to reduce an identified falls risk. There was safety statement, and an up-to-date risk management policy. Staff also carried out ongoing health and safety checks in the centre.

Residents' civil, political and religious rights were being well supported. Arrangements were in place to support residents in the safe management of their property and valuables. Information was supplied to residents through ongoing interaction with staff and the provider had also provided a written guide for residents with information about the service. Important information was made available to residents in clear and accessible written format. Residents communicated with each other and with staff at weekly house meetings, when they made plans and discussed topics of interest. While information and opportunities were made available to residents, they could use this information to make informed choices around which options they wished to become involved in and which they wanted to decline. All residents were registered to vote and could choose whether or not they wanted to vote. Residents also chose, and were involved in shopping for, their own food. Suitable foods were provided to cater for residents' preferences.

## Regulation 11: Visits

Residents could have visitors in accordance with their own wishes, and were

supported to meet with family and friends in other locations. Each resident's accommodation provided comfortable space where residents could have visitors in private. Residents also had access to telephones, and wi-fi was supplied throughout the centre which enabled residents to communicate with their loved ones by social media. One resident had a user-friendly telephone to enable them to communicate freely with loved ones. There was an up-to-date visitors policy to guide practice.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre, at day service and in the local community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. Residents were also involved in housekeeping tasks such as cooking and laundry in their own apartments, and were also offered the opportunities to attend training if they wished to.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated. The centre comprised four separate apartments in a busy rural town, which gave residents very good access to a range of amenities and opportunities nearby. All apartments in the centre were comfortable, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Each apartment also had a separate small garden where residents could spend time outdoors and work on outdoor projects.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. Each resident had options around choosing, buying and cooking their own food. Residents could go shopping independently or with staff based on the assessed needs and preferences of each person. Residents also had daily choices around dining arrangements. Sometimes

residents liked to invite each other to their apartments for their main meal, while on other days they chose to prepare and eat their meals separately.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide that met the requirements of the regulations. This guide was seen to be available to residents in their apartments. Other information that was relevant to residents was provided in user friendly formats, such a photographic information about staff on duty at each shift, the designated safeguarding officer, and an easy read version of the complaints process.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was an overall risk assessment of the entire service, which included a wide range of environmental risks. Individualised risk assessments had also been carried out to identify and manage personal risks specific to each resident. There was an up-to-date risk management policy which included management of the specific risks required by the regulations.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the management, storage and administration of residents' medication. Residents' medications, including any medications intended for return to pharmacy, were suitably and securely stored. Clear medication prescribing and administration records were being maintained. Each resident has access to a pharmacist of their choice in the community and one resident had changed pharmacist in line with their preference. Risk assessments had also been carried out to assess residents' capacity to manage their own medication, and medication was being administered with varying levels of support for each resident based on the outcomes of these assessments.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings. Residents' personal planning information was comprehensive, up to date, and suitably recorded. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans and how achievement of these was progressing.

Judgment: Compliant

## Regulation 6: Health care

The provider had ensured that residents had access to medical and healthcare services to ensure their wellbeing. Residents had access to general practitioners and attended annual health checks. Medical specialist consultations were arranged as required. Residents also had access to allied healthcare professionals and appointments and assessments were arranged as necessary. Plans of care for good health had been developed for residents based on the findings of health assessments. Residents, who were eligible, were also supported to attend national health screening programmes. Staff supported and encouraged residents to lead healthy lifestyles and incorporating exercise into their daily routines.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days, and in relation to how their healthcare, finances and living arrangements were being managed. However, some improvement to access to external advocacy services was required.

Throughout the inspection, the inspector saw that each resident had choice and control in their daily life. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Residents were included in decision making in the centre and there were records of house meetings where a range of topics were discussed, and information was provided to residents.

The provider also had an advocacy process in the organisation whereby residents met frequently with the provider, both at local and national levels, to discuss the services, raise concerns and make suggestions for improvements. Residents from this centre were involved in this process. However, information about external advocacy services had not been shared with residents, in the event that they wished to avail of these services at any time.

All residents were registered to vote and had the option of voting if they chose to. A resident told the inspector that they had preferred not to vote at a recent referendum and that this wish had been supported.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Ford Services OSV-0004940

Inspection ID: MON-0034140

Date of inspection: 12/03/2024 and 13/03/2024

## 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 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Inspectors Findings: ‘The provider had developed written agreements for the provision of service for all residents. However, while these agreements were informative and included a wide range of information about the service to be provided, they did not meet all the requirements of the regulations. The fees to be charged were not specifically stated in the agreements, although, this information had been communicated in another way, by a clear, easy-to-read document that had been supplied to each resident.’</p> <p>Action:</p> <p>On Thursday the 14th of March, the person in charge completed a full review of Individual service agreements to ensure that Service agreements met the stated requirements of regulations. To this end,:</p> <ul style="list-style-type: none"> <li>• All Agreements were altered to remove all mention of Trial period as the residents were all in residence in excess of the stated 6 month period.</li> <li>• Agreements were altered to reflect individual residents preferences with regards to the management of their finances</li> <li>• All agreements were altered to incorporate the fee to be charged to residents with respect to services received</li> <li>• All residents will and preference was sought with regards to their wishes to have an independent representative sign of on the terms of the service agreement</li> <li>• All residents were supported to sign their own individual service agreements by hand.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Inspectors Findings: `...information about external advocacy services had not been shared with residents, in the event that they wished to avail of these services at any time.'</p>	

Action:

As a result of inspectors findings Person in charge and Team leader arranged for Easy read information to be made available within designated center for all residents in relation to services such as Decision support service and the national advocacy service. Further to this independent advocacy services to be made a House meeting agenda item at least 4 times per year and more frequently where required.

## 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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	19/04/2024
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	04/04/2024
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in	Substantially Compliant	Yellow	30/04/2024

	accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
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