



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

Issued by the Chief Inspector

Name of designated centre:	No. 1 Woodview
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	14 June 2024
Centre ID:	OSV-0008269
Fieldwork ID:	MON-0037635

About the designated centre

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

No. 1 Woodview consistent of a large detached dormer bungalow and another detached bungalow located beside one another in a housing development in a town that is within a short driving distance to nearby city. The centre can provide full-time residential care for a maximum of seven residents of both genders, over the age of 18. The centre can support residents with intellectual disabilities and Autism. Support to residents is provided by the person in charge, team leaders, nurses, social care workers and care assistants. Each resident has their own individual bedroom and other rooms in the both houses include living rooms, kitchens, bathrooms and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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
Friday 14 June 2024	09:05hrs to 16:35hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Four residents were met during the course of this inspection. None of these residents interacted verbally with the inspector. The atmosphere in the house visited was generally calm although one resident was heard vocalising and banging surfaces at times.

This centre was made up of two separate houses located beside one another which combined provided a home for seven residents. On the day of inspection all seven residents were present but just one of the houses, where four residents lived, was visited. The inspector met all four of these residents. None of these residents communicated verbally and most did not interact with the inspector during his time in this house. The inspector did have an opportunity to review documentation related to residents, have discussions with staff and management and observe or overhear resident and staff interactions.

During the inspector's time in the house visited, it was found that the staff on duty interacted with and supported residents in a caring and warm manner. Such staff helped the residents to go about their days within the house. This included residents being supported to have foot spas, residents being supported with meals and residents being encouraged to participate in household tasks such as vacuuming and hanging up laundry. At one point, staff supported residents in doing some art where they made cards. One of the residents showed the inspector some of the colourful work that they had done while the inspector was in the staff office.

This resident occasionally came to the staff office while the inspector was present in their home and was noted to smile at times. The atmosphere in the house visited was mostly calm on the day of inspection with residents generally appearing to be calm and content. However, there were times when one resident was heard vocalising. At other times, the inspector heard some noises which appeared to be the same resident banging on surfaces such as doorframes and windows for short periods of time. It was indicated to the inspector that this resident could present as anxious at times which contributed to the resident vocalising or banging surfaces. No obvious impacts on their peers was observed during this inspection due to this resident's presentation

Staff spoken with also informed the inspector that there was no impact. Incident records read by the inspector did not indicate any impact either. It was highlighted to the inspector that walks for this resident were very important for them in supporting this resident with their anxiety. On two occasions during the inspection, when the resident had been vocalising, it was seen that a staff member supported the resident to leave their home to go for a walk in the locality. Upon the resident's return to the house, the resident seemed more relaxed. The same resident and another resident also left the house at one point during the inspection using the house's provided transport to go for another walk in a park and to do some

recycling.

It was indicated to the inspector that this vehicle was always available to the house and that it facilitated outings to eat out, go swimming or attend mass. The inspector was also informed that there were no issues around the provision of transport for the house visited during this inspection. On two 2023 inspections of the other house of the centre it was noted that a rights referenced a resident not having full access to the community due to transport availability. On the current inspection, an annual review for 2023 made reference to staff requesting additional transport for the same house. When this was queried, the inspector was informed that a second vehicle from one of the provider's day services had since been available for that house on weekday evenings and all day at the weekends.

Aside from transport provision, it was observed that the house visited during this inspection was presented in a clean, homely and well-presented manner on the day of inspection. Each resident had their own individual bedrooms which were provided with storage facilities. Sufficient space was also provided via communal rooms such as a living room and a sensory room which residents were seen to avail of during the inspection. To the rear of the house was a garden/yard area that had some raised garden areas for residents to use. The inspector also observed a sheltered decking area while part of the ground in this rear area was provided with a soft surface. The inspector did note that some gates and some small wooden sheds in this area that were closed via a sliding bolt or a padlock.

In summary, the house visited during this inspection was seen to well-presented. Staff on duty were observed and overheard to interact with residents in a positive way which contributed to the generally calm atmosphere that was present in the house. During the inspection residents were seen to be encouraged to help in household tasks or to leave to the house at times to go for walks or a drive.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Since previous inspections of this centre in 2023, the centre's capacity and footprint had increased. The current inspection found evidence of good supports to residents although some regulatory actions were identified in areas such as the centre's statement of purpose and notifications.

This centre was first registered in August 2022 to support decongregation from a campus setting operated by the same provider. The centre was twice inspected in 2023 and at the time of those inspection the centre was comprised of one house only for a maximum capacity of three residents. After the most recent inspection in

August 2023, which was a thematic inspection that focused on restrictive practices, in November 2023 the provider applied to vary this centre's conditions of registration. This to reflect an increase in capacity to seven residents with the addition of a second house to the centre which was also to be used for decongregation purposes. A site visit of this second house was conducted in December 2023 and following that the relevant application was granted by the Chief Inspector of Social Services. As such the current inspection was conducted to assess supports to resident and compliance with the regulations in the second house added to the centre.

Overall, this inspection found evidence of good supports provided to residents and it was highlighted to the inspector that the transition of residents into the new house of the centre had been beneficial. To support the transition process, the same staff team that had supported these residents in their previous home were still supporting the residents in their current home. This enabled a continuity of staff support. As part of their transition into this centre, these residents had been able to visit the centre before being admitted while their admissions were in keeping with the centre's statement of purpose. However, this statement of purpose had not been updated since November 2023 and did not reflect some changes since then. In addition, while evidence of good compliance was found in some regulations reviewed, some regulatory actions were identified relating to the submission of restrictive practices in the centre and the timeliness of provider six monthly unannounced visits to the centre.

Regulation 15: Staffing

The residents who had transitioned into the house visited during this inspection had been supported by the same staff team who supported them in their previous home. This provided for a continuity of staff support and an increased familiarity between residents and staff. Staffing arrangements in the house visited during this inspection were in keeping with the November 2023 statement of purpose for the centre and the needs of residents. This was indicated from actual staff rosters reviewed from February 2024 until the date of this inspection and discussions with staff which indicated that minimum staffing levels of two staff per day and one waking staff at night were maintained. Occasionally, a third staff during the day was facilitated to provide for more 1:1 activities with individual residents.

As part of the staffing arrangements in place, provision had been made for nursing support in the house visited. However, a recently reviewed risk assessment related to residents' health suggested that residents in this house had access to nursing staff at night but rosters reviewed indicated that there were some nights when a nurse was not on duty. The provision of nursing support for these residents had been specifically queried during the December 2023 site visit of the house. When the contents of the relevant risk assessment were queried with management of the centre during this inspection, it was indicated that residents did not always require access to a nurse at nights and that the risk assessment required further updating.

This is addressed under Regulation 26: Risk management procedures.

Judgment: Compliant

Regulation 19: Directory of residents

In the house visited during this inspection it was found that a directory of residents was being maintained for the residents living in that house. This was provided to the inspector for review and was found to contain most of the required information, such as residents' addresses, marital status and dates of birth. However, when reviewing this directory of residents it was seen that it did not include the name and address of any authority, organisation or other body who had arranged the residents' admission to the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

An on-call system was in operation for this centre. This enabled staff to seek support during the normal working day and out-of-hours if needed. Information about this on-call system was on display in the house visited. No concerns were identified regarding the resourcing of this house. For example, the overall findings of this inspection indicated that this house had been provided with appropriate staffing and transport resources. This contributed to good supports for residents found during this inspection. There was management systems in operation to ensure that the house visited was monitored. These included an audit schedule which set out specific time-frames for audits in specific areas to be conducted. Documentary evidence was provided indicating that such audits, such as medicines audits and environmental audits, were being conducted.

A specific person in charge audit had also been conducted in February 2024 which assessed the house against specific regulations. Where any areas for improvement were identified during this audit, these were reflected in an action plan which assigned responsibility and time-frames for addressing these. It was noted though that this action plan had not been updated to reflect if actions had been completed or not. Other documents reviewed did indicate though that such actions were being completed. This person in charge audit had been conducted two weeks before a provider unannounced visit for the centre overall had commenced.

Such visits are required under the regulations to be conducted every six months and to be reflected in a written report. The most recent provider unannounced visit had commenced on 29 February 2024 and concluded on 7 March 2024. However, this had been the first provider unannounced carried out for the centre since 1 August

2023 which meant that there was a near seven month gap between the two most recent provider unannounced visits. In addition, local management of the centre were only provided with a draft copy of the February/March 2024 provider unannounced visit on the day of this inspection. This draft report did not appear completed in some areas while some time frames in the action plan included had already passed.

Given the length of time since this provider unannounced visit was completed, it did not appear to have been provided to local management of the centre in a timely manner. This unannounced visit draft report also made reference to three being two open complaints for the centre. Following the inspection it was confirmed that a final copy of the February/March 2024 provider unannounced visit had been made available and that these complaints had been closed. Complaints records reviewed for both houses during this inspection indicated that there had been no complaints since the August 2023 inspection of the centre.

Aside from provider unannounced visits, the provider had ensured that an annual review for the centre had been completed for 2023. A report of this annual review was provided during this inspection which did assess the centre against some themes of relevant national standards and provided for feedback from residents' families or representatives. However, the annual review did not provide for feedback from residents living in the centre at the time although it was acknowledged that the residents living in this centre had particular communication needs.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The residents in the house visited during this inspection had first moved into this house in January 2024. During this inspection, the inspector was informed by staff and management that residents had been able to visit the house in advance of first being admitted (this had also been highlighted during the December 2023 site visit). The admission of these residents was in keeping with the centre's statement of purpose in place from November 2023. In addition to admission practices, under this regulation, the provider is required to agree with residents (or their representatives) upon residents' admission to a centre, a contract for the provision of services. Such a contract should outline details of the fees to be paid and the services residents are to receive in a designated centre.

Three of the four residents in the house visited during this inspection had agreed contracts in place which were dated from January 2024. However, the contract for the fourth resident present in the house on the day of inspection was from May 2018 when the resident lived elsewhere. It was verbally indicated to the inspector that the provider was waiting on a response to this contract from the resident's family. While this was acknowledged, this did mean that a contract had not been agreed with the resident or their representatives at the time of the resident's

admission to the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for this centre which was present in the house visited during this inspection. This statement of purpose was dated November 2023 and contained required information. This included details of the staffing arrangements to be provided and a description of the rooms in the centre including their size. It was noted though that the statement of purpose had not been updated to reflect changes since November 2023. For example, the organisational structure as outlined in the statement of purpose referred to an area manager who was no longer involved with the centre while an older version of the centre's certificate of registration was included also.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Under this regulation, any restrictive practice in use in a centre must be notified to the Chief Inspector on a quarterly basis. During the two inspections of this centre in 2023, it had been identified that not all restrictive practices in use had been recognised and notified. Since the most recent inspection in August 2023, the amount of restrictive practices notified for the centre had increased for the remainder of 2023. After the second house was added to this centre and residents moved in there in January 2024, the amount of restrictive practices notified for this centre did not increase according to a relevant notification submitted in April 2024 for the first quarter of 2024. However, during the current inspection some features were seen or read of in the house visited which could be restrictive practices. These included:

- Some gates and some small wooden sheds in the house's rear area were closed via a sliding bolt or a padlock
- A keypad on the house's front door
- Electronic gates leading into house
- Nightly checks on residents.

When queried it was indicated that residents had the ability to press a release button for the front door and that following a recent multidisciplinary review in the weeks leading up this inspection, it was determined that residents could do similar for the electronic gate with staff prompting. There was some uncertainty though as to whether residents could operate the sliding bolts seen and it was confirmed that

night checks were continuing, albeit there were reasons for these. However, a restrictive practices log reviewed during this inspection indicated that the use of the electronic gate had been considered as a restrictive practices from January 2024 until June 2024. This log also indicated that the nightly checks were in use since January 2024 and were being notified to the Chief Inspector. However, neither the night checks nor the electronic gates had been notified as a restrictive practice at the time of inspection. As a result the requirements of this regulation had not been complied with.

Judgment: Not compliant

Quality and safety

The findings of this inspection indicated that residents were well-supported in areas such as personal planning, meeting their needs and fire safety. It was indicated that the move into the house visited during this inspection had benefited residents.

As mentioned earlier in this report, the residents met during this inspection had moved into this centre in January 2024 having previously lived in a campus setting operated by the same provider. The inspector was informed that this transition had benefited the residents while it was highlighted that these residents now had transport available to them always which had not been the case in their previous home. These residents had personal plans in place also. While some documents in these personal plans did make reference to residents living in their previous home, for the most part these personal plans had been recently reviewed and reflected the residents move to their current home. As part of the personal planning process goals had been recently identified for residents which including trying new activities and going on holidays. Notes of a resident meeting that had occurred in the house visited indicated that holidays had been booked for residents in August 2024. Such residents meetings were occurring on a monthly basis in this house.

Records provided indicated that fire drills in the same house were occurring at a similar frequency. From the fire drill records read, it was unclear if a fire drill to reflect a night-time situation when residents would be in bed and minimum staffing levels would be on duty had been conducted for the house. It was seen though that low evacuation times were indicated in all fire drills completed for the house since January 2024 based on fire drill records provided. This house had also been provided with appropriate fire safety systems while regular checks of such systems were being completed. Training records provided indicated that staff working in the centre had completed relevant training in areas such as fire safety and safeguarding. There was no open safeguarding plan for any resident in the house visited at the time of inspection and records reviewed indicated that there were few incidents occurring in this house. One incident report did reference a resident having a bruise which was queried by the inspector as well as some follow up actions relating to safeguarding plans from the other house of this centre. These are

discussed further in context of Regulation 8: Protection.

Regulation 12: Personal possessions

Facilities were present in the centre for residents to launder their own clothes while a resident was observed to be encouraged to participate in hanging up their laundry. Residents' bedrooms also had facilities, such as wardrobes, for residents to store their personal belongings. Residents' contracts for the provision of services from 2024 seen during this inspection indicated that residents were to be provided with a furnished house and that up-to-date lists of residents' personal possessions were to be maintained. When reviewing records related to two residents in the house visited, it was noted that both had personal possessions lists in place. However, one of these was undated while both did not indicate the quantity of certain items that these residents owned. In addition, it was noted that possessions lists included beds for the residents. It was subsequently clarified that beds for the residents had been provided by the provider and that residents did not purchase these.

Most residents in this centre had person in care accounts with support given to residents to access their own money from these accounts. Aside from these residents, during the two 2023 inspections of this centre it had been identified that one resident did not have full access to, or control over, money which they were entitled to receive. On both inspections it was indicated that the provider was engaging with other stakeholders about this, but at the time of the current inspection it did not appear that progress had been made on this issue. It was indicated by management of the centre that the resident never short of finances.

Judgment: Substantially compliant

Regulation 17: Premises

The house visited during this inspection was seen to be presented in a clean, well-furnished, and well-maintained manner both internally and externally. The house had sufficient communal space along with appropriate storage and bathrooms facilities. Overall, the house visited came across as a homely setting for the four residents met to live in.

Judgment: Compliant

Regulation 26: Risk management procedures

This regulation was not reviewed in full but during this inspection when reviewing a

risk assessment regarding residents' health, this assessment suggested that residents had access to night nurses. However, as highlighted under Regulation 15: Staffing, this was not always the case. The relevant risk assessment had been reviewed during June 2024. When queried with management of the centre, it was indicated that residents did not require access to a nurse at nights. This indicated that this risk assessment required further review and updating to ensure accuracy of information relating to control measures in place to mitigate the identified risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems in place in the house visited during this inspection included fire doors, a fire alarm, fire extinguishers and emergency lighting. Records were provided of two quarterly maintenance checks on the fire alarm and emergency lighting in the house as conducted by an external contractor in February and May 2024. Internal staff checks on fire safety were also being conducted on weekly basis according to records reviewed for the period January to June 2024. There were fire evacuation protocols for the house for both day and night time while all residents had an individualised personal emergency evacuation plan (PEEP) in place that outlined the supports they needed to evacuate if necessary. For example, one resident's PEEP indicated that they needed a wheelchair to evacuate in event that they were in a deep sleep with a wheelchair seen to be in place in the resident's bedroom. The procedures for fire evacuation were on display in the centre. Fire drills had been conducted regularly since residents moved into the house in January 2024 with low evacuation times recorded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The four residents living in the house visited during this inspection had individualised personal plans in place in keeping with the requirements of the regulations. During this inspection two residents' personal plans were reviewed. These were found to contain recently reviewed guidance on how to support residents' needs in areas such as their health, intimate personal care and communication needs. The documentation within the two personal plans reviewed had generally been reviewed to reflect residents' move to this centre. Processes were in operation for residents' personal plans to receive a multidisciplinary review.

This regulation also requires appropriate arrangements to be in place to meet the health, personal and social needs of residents. The overall findings of this inspection indicated that this was the case for the residents in the house visited. To support

residents social needs, as part of the personal planning process, goals were identified to achieve to achieve which included going to a concert, building relationships with peers, attending a concern, tending to vegetable plots and having a holiday. Transports was available to these residents also which supported outing away from their home. In addition, the inspector was informed that the residents met had benefited from decongregation to their home. For example, it was highlighted how one resident now slept much better at night in their current home compared to their last.

Judgment: Compliant

Regulation 6: Health care

When reviewing two residents' personal plans, it was seen that they had hospital passports in place which outlined key information relating to residents' health needs. There was also specific healthcare plans provided for residents which outlined how residents were to be supported for identified healthcare needs in areas such as diabetes, epilepsy and anxiety. Records provided also indicated that residents were supported to undergo particular healthcare interventions such as receiving vaccines. Given their assessed needs, two residents were entitled to avail of a national screening services related to diabetes. The inspector was informed that the residents did not avail of this screening service as they would not tolerate participating in this.

Judgment: Compliant

Regulation 8: Protection

In the house visited during this inspection, there was no open safeguarding plans active at the time of this inspection and the Chief Inspector had not been notified of any safeguarding concern from this house. Records provided indicated that there were limited incidents occurring generally in this house also. A record of a recent incident did reference a resident having a bruise that was described as being seven to ten days old. A cause of this bruise was not known and while it was indicated that there was no cause of concern around the bruise, records and discussion with staff indicated that the bruise had not been identified earlier while it was unclear if all staff working with the resident had been asked around a possible cause for the bruise.

While the other house that made up this centre was not visited during this inspection, specific documentation was provided from this house relating to safeguarding. This documentation indicated that where any safeguarding concerns had arisen, safeguarding plans were put in place and reviewed. Evidence was also

provided that there was follow up taken in response to such matters. For example, post a particular event one resident had received input from a psychologist. Following one notification of a potential safeguarding matter from this house, it was communicated that a night-time protocol was to be revised by 31 January 2024. When the inspector requested to review this night-time protocol, he was initially presented with a night-time protocol that, while marked as being reviewed in February 2024, appeared unchanged since 2022. When this was highlighted the inspector was then provided with a protocol from March 2024 around supporting a resident with an element of their intimate personal care. There was some crossover between this and the night-time protocol although both did contain some different information.

Judgment: Substantially compliant

Regulation 9: Residents' rights

During this inspection, records were provided of monthly resident meetings that had taken place in the house visited during this inspection since residents had moved in there in January 2024. These indicated that matters such as birthdays, goals and holidays were discussed with residents. In two of the three contracts for the provision of services from 2024 seen during this inspection, it was indicated these contracts were discussed with the residents. However, for the third resident their contract document indicated that the contract had not been discussed with the resident.

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	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No. 1 Woodview OSV-0008269

Inspection ID: MON-0037635

Date of inspection: 14/06/2024

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The registered provider has ensured that the Director of Residents at the Centre is kept updated. Information in this directory has now been included to indicate the name of the authority, organisation or body that arranged residents’ admission to the centre.</p> <p>24/06/2024</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider has ensured that</p> <ul style="list-style-type: none"> • The annual review of the Centre included a questionnaire for the residents of this centre to evidence consultation with the residents in the review. 9/07/2024 • That unannounced visit to the designated centre take place at least once every six months and that the written report and identified actions is issued in a timely manner. The actions will be monitored by the PIC and status of completed actions updated on the action plan. 31/08/2024 	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Provider reissued a residential contract to one resident's family representative on the 24/06/2024 for their agreement. This was returned signed on 26/06/2024. A copy is now on file for the resident in the centre.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Provider has reviewed and amended this centre's statement of purpose 9/07/2024 which now reflects:</p> <ul style="list-style-type: none"> - The organisational structure that includes the current area manager. - The most recent version of the center's certificate of registration. - Staffing arrangements in the centre inclusive of nursing requirements for the centre. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The person in charge has completed a restrictive practice self-assessment audit for the centre and has reviewed the centre's restrictive practice log to include all practices that are considered restrictive as per the services policy. Where a restrictive practice is identified this will be referred to the services behaviour standards committee to be reviewed for sanctioning in line with the Provider policy. 9/7/24 • The person in charge will use the log of restrictions held in the Centre to ensure the completeness of the quarterly notifications to the authority on such issues as any occasion on which a restrictive procedure including physical, chemical or environmental restraint. 31/07/2024 	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • The person in charge has completed a review and updated as necessary all personal possession lists for residents in this centre. 24/06/24 <p>The person in charge has submitted a referral to an advocacy agency to support a resident to manage their financial affairs. 9/7/24</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Provider has ensured that</p> <ul style="list-style-type: none"> • the person in charge has reviewed the centre's risk register. The required amendments have been made to the risk assessment with regards to regulation 15: Staffing. This assessment now reflects that nursing oversight is required rather than the suggested requirement of a nurse on duty every night. 15/06/2024 • Risk Management is a standing item on the Team meetings each quarter or more frequently if required to ensure the risk register is kept updated. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Provider has ensured that</p> <ul style="list-style-type: none"> • the person in charge has completed an incident learning log with the staff team on the 02/07/2024. This included a review of all documentation supporting the recording of unexplained bruising and the required follow from staff to support such incidents. • The night time protocols supporting resident's safety in the centre was reviewed and has provided clear direction to support the resident with their intimate care. 9/07/2024 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The register provider has ensured that the resident was supported to discuss their contract of care using their preferred method of communication.</p> <p>This was further supported with an easy read version of the contract of care. The registered provider has ensured that the person in charge and the resident's key worker has supported this communication with the resident at a residential forum meeting. 02/07/2024</p>	

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	09/07/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	24/06/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	09/07/2024
Regulation	The registered	Substantially	Yellow	31/08/2024

23(2)(a)	provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Compliant		
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	26/06/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for	Substantially Compliant	Yellow	15/06/2024

	responding to emergencies.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	09/07/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/07/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	02/07/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his	Substantially Compliant	Yellow	02/07/2024

	or her care and support.			
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