



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

## Issued by the Chief Inspector

Name of designated centre:	Dunmaura Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	21 March 2024
Centre ID:	OSV-0008280
Fieldwork ID:	MON-0043180

## About the designated centre

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

Dunmaura Services offers a residential service for up to five adults with a severe intellectual disability. The centre comprises a single storey dwelling located in a rural setting. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. Residents of this service require a high level of support from staff in the context of their assessed needs and are supported by a team of nursing and social care workers. Residents are supported by a staff team, that included nursing and care staff. Staff are available to support residents during the daytime and at night. In addition, the provider has arrangements in place to provide management support to staff outside of office hours, weekends and public holidays.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
--	---

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
Thursday 21 March 2024	11:00hrs to 18:30hrs	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 with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, team leader and staff on duty, and viewed a range of documentation and processes.

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, offering meals and refreshments, and going out in the community. Residents had good involvement in the local community and took part in leisure activities that they enjoyed. Residents frequently went for walks in local woodlands and by the lake shore and went out to other towns for days out and lunch. For example, a resident had been for a coastal outing with lunch at a five-star hotel, and a resident had been to another scenic area and had lunch at a popular mobile food outlet. Staff ensured that residents with special dietary requirements could eat out safely by sourcing restaurants where modified meals could be suitably supplied. They also had a portable blender which they could use if any resident liked to eat at mobile units such as a mobile food truck. Residents had recently been to see the Saint Patrick's Day parade, followed by a meal out. A resident who enjoyed rugby was going to a Connaught rugby match the following Saturday. Visits to family homes were supported and some residents went out for refreshments with family members.

The inspector met with four residents who were present in the centre during the inspection. Residents living in Dunmaura required support with communication. Although residents were not able to verbally express views on the quality and safety of the service, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support residents and staff to communicate with each other. Pictorial information was available to residents, including meal plans, daily planners, staff on duty and pictorial personal goals.

It was evident that residents were involved in how they lived their lives in the centre. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by others who knew them well, and this information was used for personalised activity planning.

Dunmaura was a detached rural house, which had been adapted to meet the needs of residents. It was warm, clean and suitably furnished and equipped. Specialised equipment such as overhead hoists were available in one bedroom and accessible bathroom facilities were provided, which enhanced the comfort and safety of residents with physical and mobility issues. Each resident had their own bedroom, and these were comfortably furnished and personalised. The centre was located in a rural area close to both a busy village and a rural town, and this location gave residents good access to a wide range of facilities and amenities.

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.

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

## Capacity and capability

There were good systems in place to ensure that this centre was well managed. This ensured that a good quality and safe service was provided and that residents' care and support was delivered to a high standard. However, the provision of regulatory information to staff required improvement.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. The person in charge was supported by a team leader who was based in the centre and managed the day to day running of the centre. Although the person in charge was not based in the centre, she was very familiar with the running of the service and knew the residents well. Arrangements were in place to support staff when the person in charge was not on duty. There were also arrangements to manage the centre when the person in charge was absent.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. These included ongoing audits of the service in line with the centre's audit plan, and six-monthly unannounced audits by the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. A review of the quality and safety of care and support of residents was being carried out annually.

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, assistive equipment to increase the

comfort and safety of residents, dedicated accessible transport, access to Wi-Fi, games and television. sufficient numbers of suitably trained staff were allocated to support residents' preferences and assessed needs. The centre had the capacity to accommodate up to five adults on a full time residential basis, but at the time of inspection, one resident was temporarily staying in another designated centre which better suited their assessed needs at the time. The person in charge and staff explained that this resident was being supported by familiar staff from this centre, and review of the staff roster showed that this was the case.

Since the last inspection of the centre, work had been carried out improve the evacuation of the centre in the event of an emergency. A range of healthcare services, including speech and language therapy, physiotherapy, and behaviour support staff were supplied by the provider to support residents as required. Staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding in line with the provider's training plan, in addition to other training relevant to their roles. However, copies of the regulations and standards relevant to their work were not available to staff in the designated centre as required by the regulations.

The management team were very clear about notification of certain events to the Chief Inspector, including quarterly notifications, and notifications relating to certain absences of the person in charge. Clear records of incidents which occurred in the centre were kept, and notifications were submitted as required.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included audits, staff training records, staffing rosters, healthcare records and plans, fire safety documentation and service agreements. The records viewed were maintained in a clear and orderly fashion, and were up to date.

## Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. The staff team consisted of a mix of social care and nursing staff which was appropriate to the assessed needs of residents. The person in charge and team leader had developed planned and actual rosters which were being updated as required. The inspector viewed staff rosters and found that they were accurate for the day of inspection.

Throughout the inspection the inspector observed that staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed. There were sufficient staff on duty to support each resident's health and social care needs, and to ensure that residents could be safely evacuated in the event of an emergency.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider and person in charge had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents. The inspector viewed staff training records and saw that all staff had attended mandatory training in fire safety, behaviour support, and safeguarding. Staff had also received other training and refresher training relevant to their roles. There was a training plan to ensure that training needs were being monitored, identified and planned as required. Staff also had access to a range of policies and guidance documents to inform practice. However, copies of the regulations and standards relevant to their work were not available to them in the designated centre.

Judgment: Substantially compliant

### Regulation 21: Records

This regulation was not examined in full on this occasion, although the inspector viewed a wide range of documentation and records throughout the inspection. Documents examined included healthcare records, audits, personal planning files, fire safety information and processes, incident records, and service agreements. The records viewed by the inspector were maintained in a clear and orderly fashion, and were up to date.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents. 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. The inspector viewed these audits, all of which 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 and there were effective arrangements in place to support staff when the person in



charge was not on duty.

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 residents.

Judgment: Compliant

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

There were written agreements for the provision of service in place for all residents. The agreements that the inspector read, included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge explained the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. The inspector viewed records of accidents, incidents and adverse events, which were being maintained in the centre. A review of this information indicated that the required notifications had been made appropriately and that adverse events were being well managed.

Judgment: Compliant

### Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice. However, an aspect of both residents' rights and personal planning required improvement.

As this was a home-based service, residents could take part in a range of activities

in their home, and in the community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, going to the barber, day trips, attending entertainment and sporting events and going out for something to eat or a drink. Some residents also enjoyed contact with family and friends, and this was supported both in the centre and elsewhere in line with residents' preferences.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished and equipped. All residents had their own bedrooms which were decorated to residents' liking. The centre was maintained in a clean and hygienic condition throughout. The person in charge explained further plans to future-proof the centre.

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. Staff were very familiar and knowledgeable about residents' personal plans and how achievement of their goals was progressing. However, documentation of residents' personal planning information required some improvement as progress in achieving some goals had not been clearly recorded in residents' personal. Furthermore, some identified goals were repetitive and new opportunities had not been explored.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. Nursing staff were based in the centre, and were involved in the ongoing assessment of residents' health needs. All residents had access to a general practitioner and were supported to attend annual medical checks. Other healthcare services available to residents included psychiatry, psychology and behaviour support therapy which were supplied directly by the provider. Reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. None of the residents were currently eligible to avail of national health screening programmes.

Residents' nutritional needs were well met. A well equipped kitchen was available for the storage, preparation and cooking of resident's food. Nutritional assessments were being carried out and suitable foods were made available to meet residents' assessed needs and preferences. Residents' weights were being monitored and a speech and language therapist was available to assess and review residents' support needs.

There were good measures in place to safeguard residents, staff and visitors from the risk of fire. These included staff training, emergency evacuation drills, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire.

Residents' civil, political and religious rights were being well supported. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. An individualised home-based service was provided to meet residents' needs and preferences. The inspector observed that staff supported residents to do things that they enjoyed both in the centre, and in the community. Residents were involved in a range of activities such as shopping, going the barber, day trips, attending religious services, and going to entertainment events. Residents also enjoyed contact with family and friends, and this was supported both in the centre and elsewhere in line with residents' preferences. The provider 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. A resident from this centre had recently availed of this process. Staff were aware of external advocacy services that could be used in the event that they needed to avail of these at any time. The provider had also ensured that residents were supported and assisted to communicate in accordance with their needs. Overall, residents had good choices around meals and food choices, and residents were seen enjoying wholesome meals and having meal choices throughout the inspection. However, an aspect of choice required improvement as one modified meal was not presented in an appetising manner. In this instance, all components of the meal had been blended together and did not give the resident the opportunity to taste various foods in the meal separately. There was no evidence that this was the preference of the resident.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. The inspector read a range of information which had been developed to guide staff and support residents to communicate. Communication passports, which outlined required individual communication supports, had been developed for each resident. Hospital passports, including a synopsis of each resident's care and communication needs, had also been developed for each resident. Television, radio, internet and user-friendly pictorial aids were provided for residents in the designated centre. There was an up-to-date policy to guide practice.

Judgment: Compliant

## Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in

other places.

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 and in the local community. Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in activities that they enjoyed, such as going to sporting events, to the cinema, for walks, and for drives to places of interest and for meals out. Residents in the centre preferred to have limited involvement in household tasks such as laundry and food preparation, although they often liked to be present to observe staff cooking their meals, and some were involved in their own laundry at a level that suited them. Residents also had opportunities to take part in everyday community activities such as shopping, going to the barber, and going out for meals or a drink.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents. During a walk around the centre, the inspector saw that it was well maintained, clean and comfortably decorated, and there were gardens to the front and rear of the building. Assistive equipment was provided in the centre to meet the future needs of residents. For example, there were wide exit doors in some parts of the centre to accommodate evacuation, one bedroom was fitted with an overhead hoist and there were grip rails in bathrooms, and some of which were in contrasting colours to support the visually impaired if required.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. Residents did not choose to get involved in cooking their meals, but as the kitchen and dining room were joined, they were often present while meals were being prepared. while

in the kitchen, the inspector saw that choice was being offered to residents. Two meals options were offered at lunchtime, and residents chose either one of these, or some of both if they wished. Main meals were freshly prepared in the centre and appeared wholesome and nutritious. Meals were prepared and served in line with each resident's assessed needs and staff were knowledgeable of these requirements.

Judgment: Compliant

### Regulation 28: Fire precautions

There were effective measures in place to safeguard residents, staff and visitors from the risk of fire. The person in charge showed the inspector records of fire drills, equipment servicing, personal evacuation plans and staff training. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner both during the day and at night. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. There were fire doors throughout the building and the house was compartmentalised for the containment of fire. All staff had attended fire safety training.

The provider had made improvements to increase fire safety in the building. Since the last inspection of the centre, a new exit door had been installed to facilitate more effective evacuation. In-house fire training, which had been replaced by online training during the COVID-19 pandemic, had been re-introduced and had recently taken place in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for residents based on residents' assessed needs. The inspector viewed a sample of residents' personal plans. These personal plans had been developed with input from the provider's multidisciplinary team. Residents' personal goals had been agreed at annual planning meetings, and had also been developed in pictorial format for residents' use. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans and how achievement of their goals was progressing. However, some identified goals were repetitive and new opportunities had not been explored. Furthermore, progress in achieving some goals had not been clearly recorded in residents' personal plans.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing. The inspector viewed a sample of residents' healthcare files which included records of medical appointments, assessments and plans of care. Residents could visit general practitioners as required and attended annual health checks. Medical specialist consultations were arranged as required. Residents also access to allied healthcare professionals such as speech and language therapists, occupational therapists, physiotherapists, behaviour support specialists, and appointments and assessments were arranged as necessary. Residents also attended community based appointments for their welfare, including reviews and treatments by chiropodists, dentists and opticians. Nursing support was available to residents. Nursing staff were based in the centre and were involved in the ongoing assessment of residents' health needs. Plans of care for good health had been developed for residents based on the findings of health assessments. Staff supported and encouraged residents to lead healthy lifestyles and incorporating exercise into their daily routines. None of the residents were currently eligible to attend national health screen programmes.

Judgment: Compliant

## Regulation 9: Residents' rights

There were systems in place to support residents' human rights, although some improvement to access to external advocacy and to a resident's choice around food presentation was required. Throughout the inspection, the inspector saw that residents had choice and control in their daily lives. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Although residents did not have the capacity to express their views verbally, the inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on assessments, observation and knowledge of each individual. Information gathered for each resident, and outcomes of professional assessments, were used to inform food choices and meal preparation. During the inspection, residents were offered choices of wholesome meals, prepared and served in line with their needs. Some residents were also supplied with suitable utensils to enable them to dine as independently as possible. However, an aspect of choice required improvement as one modified meal was not presented in an appetising manner. Although the food was modified appropriately in line with speech and language therapist's recommendations and was safe, all components of the meal had been blended together and did not give the resident the opportunity to

taste various foods in the meal separately.

There was 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, and the inspector read meeting minutes that recorded that an issue specific to a resident in this centre had recently been brought to the advocacy group and was being addressed. Staff told the inspector of the external advocacy services that were available to residents and knew how to access these supports for residents if required. However, this information had not been shared with residents and or their representatives, in the event that they wished to avail of these services at any time.

Residents had comfortable accommodation. Each had their own bedroom and there was ample communal space, which ensured that residents could enjoy privacy or time alone as they wished.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Dunmaura Services OSV-0008280

Inspection ID: MON-0043180

Date of inspection: 21/03/2024

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge gave a copy of the regulations and the National Standards to the Team Leader on 28th March which will be retained on file in the house for all staff to access.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge and team leader will review the personal outcomes plans that are in place for the people supported in order to ensure they are not repetitive and that goals are identified which enable new opportunities to be explored. These reviews will occur and be documented on a quarterly basis.</p> <p>Individual's Personal outcome goals the successes, challenges and supports required to achieve them will be a standing item at team meetings.</p>	
Regulation 9: Residents' rights	Substantially Compliant

--	--

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The person in charge and team leader discussed this with the team at meeting on 28th of March. It was agreed that a cleared record would be kept of the meals that residents eat each day. The team leader will put a diary in place for staff to document what meals individuals have, which will enable the team to have a clearer record of the nutritional intake of the residents as per regulation.

The individual who is on a modified grade 3 liquidized diet will be offered his meals with the food liquidized separately and presented in different bowls at meal times. The Team Leader will refer this individual for a FEDS review by SLT in order to support the team and to ensure that the food is prepared and presented correctly for this person's needs.

The person in charge in conjunction with the Team Leader will do an easy read for the residents in relation to advocacy services which will then be displayed in the house.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(2)(a)	The person in charge shall ensure that copies of the following are made available to staff; the Act and any regulations made under it.	Substantially Compliant	Yellow	28/03/2024
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	28/03/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Substantially Compliant	Yellow	12/05/2024

	circumstances, which review shall assess the effectiveness of the plan.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	01/06/2024
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in 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.	Substantially Compliant	Yellow	01/06/2024