



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Oakvale
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	03 April 2024
Centre ID:	OSV-0008606
Fieldwork ID:	MON-0041431

About the designated centre

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

Oakvale is a large detached bungalow located in a large town in County Cavan. The centre provides 24hour nursing care to four adults who require supports with their mobility, social and health care needs. The house has been adapted for wheelchair users. It consists of four bedrooms, all of which have a large en-suite bathroom. There is one sitting room, a large kitchen/dining/living area, two offices, a utility room, a w/c and a number of storage areas. There is a large garden to the back of the property and the front of the property has sufficient space to park cars. There are four staff on duty each day and two waking night staff to support residents with their needs. The skill mix includes nursing staff and health care assistants. An out of hours on call service is available to staff 24/7. This is provided by senior nurses. The person in charge is responsible for another designated centres under this provider. A clinical nurse manager is also employed to support the person in charge to ensure affective oversight of this centre. Transport is provided for residents to access local community amenities. Residents have access to a range of allied healthcare professionals as required.

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
Wednesday 3 April 2024	09:30hrs to 16:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the residents reported that they liked living in this centre and that staff supporting them were friendly and helpful. They were involved in the local community and were supported to maintain links with their family. One area of improvement was required in residents' rights.

This inspection was announced following the registered providers application to register the centre last year. At that time the centre was registered to support four residents some of whom were moving from a congregated setting which was closing.

On arrival to the centre some of the residents were already up and some were having a lie in as they were still enjoying the Easter break.

The inspector got to meet all of the residents and spent some time talking to three of them about what it was like to live in the centre. The inspector also spoke to two staff, the person in charge and reviewed records pertaining to the care of residents and, observed some practices.

One of the residents was preparing to leave for an appointment, and then travel on to their day service after this. Before leaving the resident told the inspector that they liked their new home, liked the staff and said that the food was nice. Two of the other residents were enjoying holidays from the day service, however ordinarily one of them attended a day service five days a week and the other resident one day a week. One of the residents did not attend a day service by their own choice, instead they liked to plan things they wanted to do on a daily basis with staff.

One resident showed the inspector their bedroom, at the time they were enjoying listening to their favourite music and told the inspector that they had recently been to a concert and was planning attending another this month.

Music and concerts was something that all of the residents enjoyed and the staff had printed off upcoming dates for concerts in the local area. The residents then could decide at residents meetings whether they wanted to attend.

The centre was modern, clean and spacious. The kitchen was well equipped and had been adapted in areas to suit residents who used a wheelchair. This meant that residents could cook or help to make their own meals. This was different to the last residential placement that some of the residents moved from as the meals were prepared in a central kitchen by catering staff.

One of the residents had helped prepare some of the dinner that was being served on the day of the inspection. This resident spoke to the inspector about what it was like living here. They said they loved their new home, particularly as it was now near shops which meant they could now pop down to their favourite shop whenever they

wanted to.

This resident also showed the inspector a recent video they had starred in which was arranged by the registered provider as a way of gathering information to show how moving from a congregating setting had improved the quality of life for people. This showed examples of how the resident's life had changed since moving to this centre. The resident was really happy with this video and said that they loved living in their new home.

The house was also adapted to meet the needs of the residents. For example; wheelchair ramps were provided and equipment to support residents with their moving and handling needs was available. Each residents bedroom was personalised and contained a lot of their personal possessions that were important to them such as family photos. One resident had brought some furniture from their family home to make their bedroom more homely. Another resident showed the inspector a large mirror that they had purchased since coming to the centre. The centre was decorated to celebrate Easter and one of the residents had made a number of the decorations themselves as this was something they loved to do.

There was a large garden to the back of the property with a patio area where seating was provided. Surrounding the patio area there were raised flower beds and residents had started to plant some summer flowers and were also starting to grow vegetables.

As part of this inspection, prior to visiting the centre, questionnaires were posted out from the Health Information and Quality Authority (HIQA) to the centre for residents to complete about whether they were happy with the quality and safety of care provided. Three of the questionnaires had been completed by residents with the support of staff members and one resident's family representative had completed the questionnaire. The feedback provided was overall very positive. Residents said they felt supported, liked the staff team, were encouraged and supported to maintain relationships with family and friends and would speak to staff if they were not happy or felt unsafe. One family representative said that the centre was 'like a home from home'.

One resident wrote that sometimes they did not like the noise when some of the other residents had visitors. This was followed up with the person in charge who informed the inspector of actions they had taken to address this. For example; the person in charge had reminded all staff at a recent staff meeting to be mindful of noise levels when other residents had visitors.

The staff were observed supporting all of the residents in a kind and patient manner. Staff had received training in human rights and when one staff was asked for an example of how this training had influenced their practice, the staff member spoke about ensuring that one resident who communicated using non verbal gestures was offered choices through using pictures. This resident had also been referred for support from a speech and language therapist to see if more communication supports could be provided to this resident.

Residents had access to the internet, television and radios. Some had mobile

phones, and one resident had an assistive technology aid which enabled them to keep in contact with family and friends independently and in private.

Family and friends were welcome in the centre and one resident showed the inspector some pictures of a party that was held over Christmas that some family members attended. The residents were also supported to go home for short breaks to spend time with family.

Residents had been supported to develop goals they may like to achieve. For example; one of the residents wanted to start reflexology and this had recently started. One of the residents loved arts and crafts and had a number of pictures they had made hung up in their bedroom.

Weekly meetings were held to talk about what was happening in the centre. At these meetings residents got to decide what meals they were planning for the week. All of the residents said that they liked the food cooked and some of them liked to get involved in helping to prepare meals. The residents had asked that the menu was displayed in picture format in the kitchen as a reminder of what was being served that day. This also meant they could change their mind and meal preference at any time.

Since moving to the centre, the residents had not been able to fully engage in shopping for their groceries locally. This was due to an old practice that existed in their previous residential setting. While the inspector found that this was not good practice as it limited where residents could complete their grocery shopping, they were assured from speaking to the person in charge and a senior manager that this was being addressed at the time of the inspection.

There were systems in place for residents to raise concerns in the centre. Residents could make a formal complaint if they were not satisfied about the services being provided. At the time of the inspection there were no complaints logged in the centre. There were however a number of compliments recorded from some of the residents family representatives. Some of them stated that they were very happy with the support the residents had gotten since moving to the centre; how well residents had settled into their new home and how good the staff team were.

As stated the inspector reviewed the records pertaining to the residents care and support needs. However, as discussed later in this report under regulation nine, an end of life directive for one resident required improvements.

Overall, the residents reported that they were happy living in the centre and were settling into their new home. Notwithstanding, one improvement was required under residents rights.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Overall, the inspector found that this centre was well-resourced and the governance and management structures in place were ensuring a safety quality service to the residents living here. This was evidenced in the high levels of compliance found on this inspection, with one area of improvement required under residents rights.

There governance and management arrangements in place included clear reporting structures and reviews and audits to ensure that quality of care provided was to a high standard.

There was sufficient staff on duty to meet the needs of the residents at night and during the day. Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. The staff spoken to also had a very good knowledge of the resident's needs.

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint. At the time of the inspection no complaints had been logged since the centre opened.

Regulation 14: Persons in charge

The person in charge was a qualified nurse who had the necessary management skills and experience to manage the centre. They demonstrated a good knowledge of the needs of the residents and were aware of their remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

At the time of the inspection they were responsible for another designated centre under the remit of this provider. The inspector found that this did not impact the oversight and management of this centre at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix in the centre were consistent with those outlined in the statement of purpose. There was sufficient staff in place to ensure that residents' needs were being met. At the time of the inspection there was one staff vacancy and the registered provider had ensured that two consistent agency staff were employed in the centre. An induction process was in place to ensure that all new staff were informed of the residents' needs in the centre prior to starting employment. This ensured consistency of care to the residents.

A planned and actual rota was maintained. A review of a sample of those rotas showed that the correct amount of staff were on duty each day.

Personnel files were reviewed at an earlier date by the Health Information and Quality Authority (HIQA) and were found to contain the requirements of the regulations.

A senior nurse provided 24 hours on call support to staff and provide guidance and assistance if required.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. The staff spoken with had a very good knowledge of the resident's needs. They were observed engaging with residents in a kind and patient manner.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had a training matrix which was very effective at ensuring that staff's training was kept up to date. The registered provider also had a suite of training that was mandatory for staff to complete if they worked in the organisation and also training specific to the requirements of the residents living in the centre.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, mandatory training included:

- safeguarding of vulnerable adult
- fire safety (including the use of evacuation aids)
- manual handling

- infection prevention and control
- positive behavioural support
- children's first
- health and safety
- cardio-pulmonary resuscitation
- food safety

Additional specific training required to work in this centre included:

- the management of epilepsy
- feeding eating and drinking
- additional infection control training
- person centred planning

The person in charge and the clinic nurse manager had also completed risk management training. Two regular agency staff were also employed in the centre and the person in charge had assured that these staff had training in fire safety, first aid, safeguarding vulnerable adults and manual handling.

Some staff had also undertaken training in human rights and this was now a requirement to work in this centre. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The person in charge had also identified additional training that was planned to take place in the coming months about supporting people with disabilities with their sexuality.

From speaking to two staff members the inspector was assured that they had the required knowledge to meet the needs of the residents. As an example; one staff member outlined how to support a resident who had a specific health care condition which required monitoring. The staff member was able to outline when the resident could require further medical attention.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a defined management structure in place which included clearly

identified roles and responsibilities for areas of work. This consisted of an experienced person in charge who worked on a full-time basis in the organisation. The person in charge was also responsible for another designated centre under this provider and with the support of a clinic nurse manager was able to maintain oversight of both centres at the time of the inspection. The person in charge provided good leadership and support to their team.

The person in charge reported to the director nursing. The director of nursing conducted supervision with the person. The centre was being monitored and audited as required by the regulations and the registered provider completed a number of other audits to ensure that the service provided was to a good standard. Where areas of improvement had been identified there was a plan in place to address these.

The registered provider also had reviews and audits in the wider organisation to ensure that best practice was adhered to. For example; every month a committee met to review health and safety matters and infection prevention control, the recommendations from these meetings were shared with the staff at team meetings to inform learning.

In addition, as a way of ensuring that actions from all audits conducted in the centre were completed, a quality improvement plan (QIP) was maintained which included all actions from audits completed. Senior managers also reviewed this QIP to ensure that actions were being addressed in a timely manner.

Staff meetings were held monthly which the person in charge attended. A review of sample of minutes showed that various issues were discussed about the service provided like risk management, restrictive practices, outcomes from audits conducted in the centre and the care and support provided to residents.

A six monthly unannounced quality and safety review had taken place in March 2024 where some minor improvements were required. The inspector followed up on some of these and found they had been completed or were being completed. For example; medicine protocol for one resident needed to be reviewed and this had been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

A copy of the statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre. This document had been reviewed recently and outlined the care and support provided to residents in the centre. An easy-to-read version of this document was also available for residents who required

this format.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers employed in this centre at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A copy of incidents that had occurred in the centre since it opened were available in the centre. The inspector was satisfied that all incidents had been notified to HIQA as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint. At the time of the inspection no complaints had been logged since the centre opened. As discussed earlier where a resident had raised a concern about noise levels in the centre, this had been addressed by the person in charge.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of care provided to the residents was to a good standard. One improvement was required under residents' rights to ensure that an end of life directive stored in one residents plan included a

comprehensive, transparent review of meetings and decisions made about this directive.

Residents were being supported with their healthcare and emotional needs and had regular access to allied health professionals.

The centre was clean, modern and well maintained. It had been adapted to suit the needs of the residents in the centre. There were systems in place to ensure that equipment was regularly serviced and maintained. For example; the registered provider had a system to ensure that electrical equipment was tested and inspected as required.

The registered provider had a comprehensive policy and a procedure in place for the safe administration, storage and disposal of medicines.

Residents were supported to have meaningful active days in line with their personal preferences and since moving to the centre were becoming more involved in their local community.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Fire safety systems were also in place to minimise the risk of fire and ensure a safe evacuation of the centre.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff and residents had received training/education in this area.

Regulation 10: Communication

Staff are aware of the different communication supports in place for residents. For example; as stated one resident liked to communicate their preferences by being shown pictures of choices available. This resident had also been referred to a speech and language therapist to see if other assistive aids may benefit this resident.

All of the residents had access to a land line phone and WiFi. The inspector observed that some of the residents had electronic tablets and mobile phones.

Another resident had an assistive technology aid which enabled them to keep in contact with family and friends independently and in private.

Judgment: Compliant

Regulation 13: General welfare and development

The general welfare and development of residents was promoted and supported in this centre. Residents were supported to keep in regular contact with family and friends. Residents were supported on a daily basis to choose activities they wanted to do.

From a review of records and talking to a resident they had goals developed that were in line with their personal preferences. For example; one resident who liked sensory activities had started having reflexology. The residents enjoyed varied activities; some loved attending concerts, going to the cinema, going out for coffee/lunch.

On a day to day basis three residents attended a day service and one of the residents liked to plan their day with the support of staff in the house.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, modern, adapted to suit the needs of residents and was decorated to a very high standard. Each resident had their own bedroom, with en suite bathroom which was decorated and personalised. There were adequate storage facilities to store personal belongings.

There were systems in place to ensure that equipment was regularly serviced and maintained. For example; the registered provider had a system to ensure that electrical equipment was tested and inspected as required.

Judgment: Compliant

Regulation 26: Risk management procedures

There were policies and procedures in place for the management of risk in the centre. This included a risk register, individual risk assessments for residents and reporting structures to deal with incidents/near misses and adverse incidents. All incidents that occurred in the centre were reviewed by the person in charge or the clinic nurse manager.

Each month the person in charge collated all incidents in the centre to identify trends and look at whether further control measures were required to mitigate risk. For example; one resident who had epilepsy had a risk assessment in place to ensure that staff were in the vicinity at all times. The person in charge had contacted an alarm company who visited the centre to assess whether a specific alarm would alert staff if the resident had a seizure. This was ongoing at the time of the inspection but demonstrated how the person in charge was responding to risk by introducing a less restrictive measure than staff having to be with the resident on a continuous basis.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had a fire safety risk assessment conducted for the centre. This outlined the control measures in place to mitigate against the risk of fires in the centre. Some of these included having a fire alarm, fire doors, emergency lighting and fire fighting equipment such as fire extinguishers and fire blankets.

Documentation viewed by the inspector informed that a fire drill had taken place to demonstrate that residents and staff could be safely evacuated. Residents' had personal emergency evacuation plans in place to guide a safe evacuation of the centre.

Staff conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated.

The registered provider and person in charge had systems in place to ensure that equipment used was regularly checked and maintained. All staff had completed training in fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a comprehensive policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector and they were in line with the providers policy. One area of improvement was required which was not impacting

the residents at the time of this inspection. The inspector was satisfied that the person in charge would address this going forward. The staff member was knowledgeable about the reason medicines were being administered to residents.

Medicines records relating to the use of as required medicines were in place and the policy outlined how these should be recorded and authorised.

Audits were conducted on medicine management practices to ensure that they were in line with best practice.

There were systems in place to report and manage incidents/accidents/near misses around medicine management. At the time of the inspection there had been no adverse incidents relating to the medicine management practices.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve good health. From a review of a sample of files, the inspector found that residents had timely access to allied health professionals, including a general practitioner, psychiatry and chiropodist. Residents were also supported to access national health screening programmes in line with the recommended best practice guidelines.

Additionally, each resident had a number of healthcare plans in place so as to inform and guide practice and these plans were reviewed by the person in charge. The staff were knowledgeable when asked about some of the residents healthcare needs. For example; one staff spoke to the inspector about a specific guide in place regarding a residents epilepsy.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was available in the centre. This policy was the Health Service Executive (HSE) national policy on safeguarding vulnerable adults. A separate standard operating procedure was also in place which outlined the reporting procedures to be followed in the event of an allegation of abuse in the centre. All staff had been trained in safeguarding vulnerable adults and staff spoken to were aware of the procedures to follow in such an event and the types of abuse outlined

in the policy. The residents reported that they felt safe and would report any concerns to a staff or manager.

Where a concern had been raised it was reported to the appropriate personnel and investigated and reviewed by the person in charge and senior managers.

The registered provider had a policy on the provision of intimate care to guide staff practice. This included ensuring that the voice of the resident and their personal preferences were included in this plan. For example; two intimate care plans included details about whether the resident had a preference about the gender of staff supporting them with their intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

An end of life directive stored in one residents plan needed to be reviewed to ensure that it included a comprehensive, transparent review of meetings and decisions made about this directive.

All staff had completed human rights training to enable them to support the residents with their rights.

Weekly meetings were held to discuss things that were happening. Education was also provided to residents at these meeting about their rights. Residents were also educated about their right to make a complaint if their were things they were unhappy about with the services provided.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Oakvale OSV-0008606

Inspection ID: MON-0041431

Date of inspection: 03/04/2024

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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: In order to meet compliance with Regulation 09: Residents Rights, the following actions have been undertaken</p> <ul style="list-style-type: none">• The Person in Charge has arranged a meeting with the Resident, Multi-Disciplinary Team, General Practitioner and the resident's family representative to ensure all relevant documentation is included to ensure the plan is comprehensive in relation to the resident's end of life directive.	

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 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 or her care and support.	Substantially Compliant	Yellow	25/04/2024