

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

Issued by the Chief Inspector

Name of designated centre:	Hillview B
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	27 March 2024
Centre ID:	OSV-0001516
Fieldwork ID:	MON-0033981

About the designated centre

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

Hillview B is a centre which is run by Peter Bradley Foundation Company Limited. The centre is located in a town in Co. Clare and provides a residential neuro-rehabilitation service for up to four residents, over the age of 18 years and who have an acquired brain injury. The service aims to support recovery after a brain injury so that the person gradually regains skills and lives a meaningful everyday life. The model of support is flexible and individualised with an emphasis on independent living. Supports are provided directly by a team of rehabilitation assistants with day to day management assigned to the team leader and the local service manager who is the person in charge. Staff are on duty both day and night. The service is located near many social and recreational amenities including local shops, services and transport links. The house is purpose built and provides residents with their own bedroom two of which are en-suite. Two residents share an en-suite and there is a further standalone bathroom. Residents have access to a sitting room, adapted kitchen, a dining area and a garden to the rear of the house.

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 27 March 2024	10:20hrs to 18:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to take part in rehabilitation programmes to improve their independent living skills, 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. However, some improvement to operational policies and service agreements were required, although these issues did not impact on the quality of service being provided to residents.

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

On the day of inspection, all residents were out and about at various times during the day. The inspector had the opportunity to meet with three residents during the course of the day, while the fourth resident was out, both in the morning and afternoon. On the inspector's arrival at the centre, it was found that residents started the day at their own pace. One resident was relaxing in the centre, one had gone to an appointment, one resident was getting up and had a late breakfast and one had already gone out swimming. The residents who were present knew why the inspector was there, and were happy to talk and communicate about what it was like to live there. Residents who spoke with the inspector said they were very happy living in the centre and with the care and support that they received. Residents said that they were well supported by staff, who provided them with good care. They said that they made their own choices around how to spend their days and staff ensured that they could do this, while also incorporating each person's individual rehabilitation plan into the daily schedule.

A resident told the inspector that they enjoyed their meals in the centre. They explained that residents sat down together and planned what they would like to prepare for their meals each day. They said that, as part of their rehabilitation programme, residents took turns daily to prepare and cook the main evening meals as independently as possible, but that staff assisted as required. They also said that they often went out for something to eat and that they enjoyed this, and that they had a weekly take-away night in the centre. Some residents were not interested in going to supermarkets for grocery shopping, while some did accompanied staff to shop for food. Staff worked to keep mealtimes interesting and fun for residents. Staff explained that they were about to commence holding world food events in the centre, and that these would be themed food evenings, such as Italian, American and Mexican.

Residents took part in everyday community activities such as going the barber,

attending medical appointments and personal shopping. One resident went swimming frequently. Residents were also supported to travel to events and to take trips away. One resident was looking forward to travelling away to a rugby match at the weekend, and was planning to attend another event later in the year. Another resident was looking forward to going to visit and spend time with family at Easter and went out shopping in preparation for these visits. Residents liked to spend a lot of time out of the centre, doing things in the local area, such as walking, shopping, meeting family and friends, and having meals and coffee out. Other activities that residents enjoyed and took part in included going to the cinema, bowling, traditional music sessions, football matches and playing pool. Residents also had access to and attended various support groups which were beneficial for their rehabilitation.

The centre consisted of one large house and was centrally located close to rural village and a busy town, which gave residents good access to a wide range of facilities and amenities. The centre was domestic style, spacious, and comfortably decorated with photographs, artwork and pictures displayed. Televisions, musical equipment, board games and Wi-Fi were available for residents' use.

It was clear during the inspection that there was a good rapport between residents and staff. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their home. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and supporting them with exercise programmes.

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 wider community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the autonomy and independence of residents.

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

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there. However, some improvement to operational policies, service agreements and quarterly notifications were required, although these issues did not impact on the quality of service being provided to residents.

There was a clear organisational structure in place to manage the centre. There was

a suitably qualified and experienced person in charge who was based in the centre, and who worked closely with staff and with the wider management team. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was very involved in the running of the service and that the residents knew her. 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 person in charge worked closely with staff. Monthly staff team meetings took place, and to accommodate maximum attendance, staff could join these meetings either in person or virtually. The inspector read the minutes of these meetings and found that a wide range of relevant topics were discussed, including health and safety, infection control, medication management, resident progress updates, risk assessments and feedback from residents' meetings. Detailed minutes were recorded and these were circulated to update any staff who were unable to attend the meetings.

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. Auditing of the service was being carried out in line with the provider's audit schedule. Unannounced audits of the service were carried out twice each year on behalf of the provider. These were comprehensive and detailed and gave rise to clear action plans. A review of the quality and safety of care and support of residents, which provided for consultation with residents, was also being carried out annually. Findings from audits, reviews and reports formed a quality improvement plan which was being addressed and updated as required. At the time of inspection any identified actions had been addressed as planned.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of a suitable, safe, clean and comfortable environment, transport, access to Wi-Fi, television, appropriate insurance cover, and adequate levels of suitably trained staff to support residents with both their leisure and healthcare needs. A range of healthcare services, including speech and language therapy, occupational therapy, and behaviour support were available to support residents as required.

Records required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning files, directory of residents, audits, staff training records, and residents' service agreements. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. While documents and records were being managed to a high standard, service agreements required improvement to ensure that they fully reflected the service to be provided to residents.

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. Incidents that required to be notified within three days had been

suitably submitted, although there had been a negligible level of incidents requiring quarterly notification. However, when there had been no issues for quarterly return, the person in charge had not submitted any notifications to demonstrate this to the Chief Inspector. It was also found that two historical incidents of the use of chemical restraint had not been submitted as quarterly notifications as required.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident. She had previously worked in the centre for many years and therefore knew the service well. The person in charge worked closely with the wider management team, and staff who were based in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. There were adequate numbers of staff throughout the inspection, to ensure that residents were supported to go out to activities that they enjoyed and to attend appointments. Staff also supported residents to complete their rehabilitation programme activities in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff were suitably trained appropriate to their roles. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding. Staff had received other relevant training, such as first aid, food hygiene, epilepsy awareness, infection control and medication management to enable them to support residents' needs and keep them safe. All staff had also attended training on human rights based approach to care. They found that this training reiterated the practices that were in place and had provided them with reassurance that they were providing rights based care to residents.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which was up to date, and included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

This regulation was not examined in full on this occasion, although a wide range of documentation and records were viewed throughout the inspection. The sample of records viewed were maintained in a clear and orderly fashion, and were up to date.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured. There was a current insurance policy in effect at the time of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre and to ensure that a high standard of care, support and safety was being provided. The

service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support of residents. These audits showed a high level of compliance and informed an ongoing quality improvement plan for the centre.

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' preferences and assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had developed written agreements for the provision of service for all residents. These agreements were detailed and included a wide range of information about the service to be provided. The agreements included information such as the fees to be charged to residents. All agreements had been signed by residents. However, while the agreements generally met the requirements of the regulations, some improvements were required. Although the fees to be charged were clearly stated in the agreements, there was very little information to tell residents what was, or was not, included in the fee. Furthermore some of the information in the agreements was generic and was not specific to the service being offered to residents in this centre. The person in charge and her line manager acknowledged these issues and said that service agreements would be reviewed and re-issued to residents in the near future.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose which accurately described the service to be provided, and all the information required by schedule 1 of the regulations. The statement of purpose was being reviewed annually by the person in charge. Copies of the statement of purpose had been supplied to residents and were available to view in the centre.

Judgment: Compliant

Regulation 30: Volunteers

The centre did not have any volunteers coming to the service at present. However, there was guidance on the management and supervision of volunteers should this be review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. Incidents that required to be notified within three days had been suitably submitted, although there had been a negligible level of incidents requiring quarterly notification. However, when there had been no issues for quarterly return, the person in charge had not made submissions to demonstrate this to the Chief Inspector. It was also found that two historical incidents of the use of chemical restraint had not been submitted as quarterly notifications as required.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available in the centre. Additional policies and guidance documents, such as policies on health promotion and infection control, were also available to inform staff. Policies and guidance documents were available in an online format and were accessible to staff. However, while most of the policies were up to date, some had not been reviewed within the required time frame:

- the visitors policy, residents' property and finance policy, and risk management policy were out of date
- two policies were not clearly dated and therefore it was not possible to establish if they had been reviewed within the past three years
- food safety information was not sufficient to guide staff

Judgment: Substantially compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care, and the provider had ensured that residents received a good level of person-centred support.

The management team and staff in this service were very focused on maximising the independence, rehabilitation, community involvement and general welfare of residents who lived there. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice.

As this was a home-based service, residents took part in a range of social and developmental activities in their home and in the community. Residents also attended various activity hubs and support groups in the local area. 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. 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 the barber, day trips, going to entertainment events and housekeeping tasks. Residents also enjoyed contact with family and friends, and this was being supported both in the centre and elsewhere.

The centre suited the needs of residents, and was comfortable, well decorated, suitably furnished and accessible. Corridors throughout the house were wide, and all internal doors were wide enough to accommodate the use of any assistive aids used by residents. Bathrooms were spacious and were equipped with grip rails to support residents' independence. The centre was maintained in a clean and hygienic condition throughout. There was a spacious kitchen and dining area in the centre and this was laid out to suit the needs of residents. Kitchen work areas and cooking equipment were set at a height that suited wheelchair users. This enabled all residents access to the hob, microwave oven, sink, kettle and work surfaces, which supported their independence to prepare and cook meals. All residents had their own bedrooms which were decorated to their liking with their personal possessions, hobby equipment, souvenirs and photographs. All bedrooms had wide exit doors, which could be used for evacuation to the external area in the event of an emergency. One bedroom was equipped with an overhead hoist. The centre had a large garden where residents could spend time outdoors. The garden was well maintained and there was garden furniture and a barbecue area for residents to use. There were also raised beds in the garden, where residents could take part in gardening projects.

Assessments of health, personal and social care needs were in place for each resident. Individualised personal plans had been developed for all residents based on their assessed needs, and meaningful personal goals had been agreed with each resident. Residents' personal planning information was up to date, and suitably

recorded.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and were supported to attend annual medical checks. Other healthcare services available to residents included psychology, occupational therapy, speech and language therapy and behaviour support 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. Residents were also supported to avail of national health screening programmes.

Residents' nutritional needs were well met. Residents had choices at mealtimes and were very involved in meal planning and food preparation. The centre had a suitable, hygienic kitchen where residents' food could be safely stored, prepared and cooked.

Residents' civil, political and religious rights were being well supported. Arrangements were in place to support residents in the safe management of their property and valuables. Information was supplied to residents through interaction with staff, easy to read documents and information sharing at residents' meetings. There was also a written guide for residents which contained relevant information about the service. Residents communicated with each other and with staff at house meetings, when they made plans and discussed topics of interest. While information and opportunities were made available to residents, they could use this information to make informed choices around which options they wished to become involved in and which they wanted to decline. All residents were registered to vote and most had opted to do so at a recent referendum. Residents also chose, and were involved in the preparation of, their own food. Suitable foods were provided to cater for residents' preferences.

Regulation 11: Visits

Residents could have visitors in the centre in accordance with their own wishes. The centre was spacious and there was a separate, comfortable room which was available to residents who wished to meet their visitors in private. Residents were also supported to meet family and friends in other locations. Residents often visited family homes or went out with family members. During the inspection, a resident told the inspector that they were going away to spend a few days with family over Easter and they were looking forward to it. Residents had access to telephones, and wi-fi was supplied throughout the centre which enabled residents to communicate with their loved ones by social media. There was an up-to-date visitors policy to guide practice.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community. Each resident also had an individualised planned remedial programme, which was devised to assist each person to increase their living skills and to promote an independent lifestyle. Suitable support was provided for residents to carry out these plans in accordance with their individual choices and interests, as well as their assessed needs. Residents were involved in housekeeping tasks such as cooking and laundry and residents took turns in preparing the main evening meal, with support from staff if required. On the day of inspection, a resident had taken the lead on cooking a wholesome and appetising meal, and residents were enjoying this in the evening. Residents also had opportunities to take part in everyday community activities such as shopping, going to the barber or hairdresser, and personal banking.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated. The centre was a large single storey house in a residential area on the outskirts of a rural town. The location of the centre gave residents very good access to a range of amenities and opportunities nearby. The centre was accessible, spacious, comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The centre had a large, well maintained and accessible garden where residents could spend time outdoors and work on outdoor projects.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped and accessible kitchen where food could be stored and prepared in hygienic conditions. To ensure a good standard of food safety, all staff had attended food hygiene training. Kitchen worktops were provided at a height that enabled residents in wheelchairs to prepare food independently. All residents were involved in cooking

and meal preparation. Residents had the option of joining in food shopping, although they largely declined this activity. It was clear that choice was being offered to residents. Residents worked together to make menu plans based on what they liked to eat, and they took turns to cook the meals that they had agreed on. Main meals were freshly prepared in the centre by residents, with the required level of staff support and these meals appeared wholesome and nutritious. The table was nicely set and mealtime appeared to be an enjoyable experience for residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, meal plans, residents' rights, how to make complaints, and how to access advocacy services. There was an informative residents' guide that met the requirements of the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of the health, personal and social care needs were in place for each resident. Individualised personal plans had been developed for all residents based on their assessed needs. Meaningful personal goals had been developed and agreed for each resident. Residents' personal planning information was comprehensive, and clearly recorded, and was being reviewed and updated in line with residents' changing needs. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans and how achievement of these was progressing.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that residents had access to medical and healthcare services to ensure their wellbeing and ongoing rehabilitation. Residents had access to general practitioners, attended annual health checks and had regular blood monitoring. Medical specialist consultations were arranged as required. Residents also had access to allied healthcare professionals and appointments and assessments were arranged as necessary. Overall, residents in this centre had good

levels of general health, although clear plans of care for had been developed to manage any identified needs. Residents, who were eligible, were also supported to attend national health screening programmes. Staff supported and encouraged residents to lead healthy lifestyles both mentally and physically. To achieve this residents were supported to incorporate exercise, healthy eating and mindfulness into their daily routines.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had good systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days, and in relation to how their healthcare, finances and living arrangements were being managed.

Throughout the inspection, the inspector saw that each resident had choice and control in their daily life. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Residents were seen to get up in the morning and have breakfast at times that they liked. While residents were encouraged and supported to take part in household tasks, clinical recommendations and rehabilitation programmes, they made their own choices, and their wishes to decline these activities were also being respected.

Residents were included in decision making in the centre and there were records of house meetings where a range of topics were discussed, and information was provided to residents. Information provided to residents included information about advocacy and how to access this if required, the complaints process, and safeguarding.

All residents were registered to vote and had the option of voting if they chose to. During a recent referendum, information about the referendum had been supplied to residents. Three residents had been supported to vote, while one had preferred not to vote and this wish had been supported.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview B OSV-0001516

Inspection ID: MON-0033981

Date of inspection: 27/03/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The PiC and LSM will develop new individual admissions and contract for the provision of local services. Said review will contain a review of what is included in fees and details on services specific to the centre and person. This will be issued to all residents by July 31st, 2024.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Quarterly reports will be provided to the Chief Inspector to notify of an incident by the Person in Charge. • A report will be provided to Hiqa at the end of a six month period where there have been either no ‘three day’ or ‘quarterly incidents’ within the Service. 	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- The risk management policy was last reviewed in July 2021. This will be reviewed by the provider by end of July 2024.
- The Volunteering policy was last reviewed in 2014. This will be prioritised for reviewing.
- Management of personal monies policy is being reviewed in line with human rights-based approach and recent decision-making legislation.
- Visitors' policy will be reviewed.
- Staff will be re-enrolled on food safety training on the Organisation's training platform and food safety information will be updated on the Safety Statement.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/07/2024
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	Substantially Compliant	Yellow	30/06/2024

	including physical, chemical or environmental restraint was used.			
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Substantially Compliant	Yellow	30/06/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/09/2024