



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Gael
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	14 May 2024
Centre ID:	OSV-0003261
Fieldwork ID:	MON-0039897

## About the designated centre

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

Teach Gael offers residential services up to five adults whose primary disability is an intellectual disability and they may have a range of medical and physical care needs. The majority of residents generally attend day services outside of the house, except in the case of short - term illness when arrangements can be made to either recuperate in Teach Gael or go home to their families if residents wish. One resident avails of an in house day programme. There is one staff rostered during the day, two staff in the evening and a sleep over staff at night. Full-time nursing care is not required. The centre comprises two semi-detached houses which are interconnected via a bedroom and office on the first floor and accommodates two residents in one house and three residents in the other. The residents all have their own bedrooms with four double bedrooms and one single bedroom across the two houses with kitchen, living and suitable bathroom facilities in each. The centre is located in a housing estate in close proximity to the local community and all services and amenities. There is transport provided to travel to and from day services and activities.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 14 May 2024	10:30hrs to 18:40hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were positive. The inspector found that good quality care and support was being provided to the residents.

However, some improvements were required with regard to fire precautions, training and staff development and communication. The improvements related to ensuring that there was an adequate fire detection and alert system in place in the centre and that staff had all of their training or refresher training as required. Additionally, improvements were required to ensure that residents' communication needs was sufficiently supported. These areas will be discussed in more detail in following sections of the report.

The inspector had the opportunity to meet all four residents living in the centre. During the course of the inspection, three residents attended their external day program which they attended Monday to Friday. When they returned to the centre each resident spoke with the inspector to share their views on what it was like living in the centre. All residents spoken with said, they felt safe in their home, that they were happy to live there and that the staff were very accommodating with regard to their wishes. For example, if they wanted to pick an alternative meal to the one already chosen, staff would support them to have that instead. Some residents told the inspector that they planned to relax in their house watching television for the evening as they were tired after their day.

Some residents, with alternative communication methods, briefly shared their views with the inspector, and were observed at different times during the course of the inspection in their home. Two residents chose to spend some time sitting with the inspector to observe the inspection process.

Over the course of this inspection, the inspector observed staff members, including the person in charge use calm and relaxed communication when speaking with the residents. For example, when one resident was preparing to go to visit their mother, their supporting staff smiled and asked them if they were ready and happy to go to their room where they would be supported with their personal care.

Residents were observed to appear relaxed and comfortable in their home and in the presence of staff members. For example, the maintenance man for the organisation arrived to the house to complete some work, all residents smiled and chatted to him. One resident in particular had a jovial interaction with him whereby the maintenance man joked about the resident having a favourite staff and that there was a large picture of the resident and that staff member displayed. The resident was observed laughing at this interaction.

The inspector noted there had been a recent bereavement in the centre. Staff had supported residents in the grieving process by providing easy-to-read information

relating to grief and discussing this with them at a residents' meeting. Residents were supported to attend the funeral of their house mate, staff and residents also planted a tree in the front garden in remembrance. One resident spoke briefly to the inspector about the fact that they missed their house mate and that it made them sad. Residents were also supported to attend the grave to pay their respects. The provider arranged for a psychologist to attend the centre and complete a bereavement support workshop and art therapy session with the residents.

The provider had arranged for staff to have training in human rights. One staff member spoken with said that, the training reinforced the importance of asking for consent when supporting a resident with their personal care tasks. They explained that they communicated with the resident what they were going to do in advance, in order to prepare the resident. They asked for the resident's consent prior to each step of their personal care and stated that nobody should assume that it was okay to help a resident without their consent.

The centre was made up of two houses next to one another. The inspector observed the houses to be clean and tidy. There were numerous canvas pictures displayed of the residents and their loved ones in different areas of their home. Each resident had their own bedroom and there was adequate storage facilities for their personal belongings.

There were separate front gardens and a shared back garden. There was garden seating available in the back garden for use in good weather. There were lots of potted plants displayed in the back garden and a staff member communicated to the inspector that the residents had been involved in planting them.

The provider had sought residents' and family representatives' views on the service provided by way of the six monthly unannounced visits. Residents communicated that they felt safe in their home. Communication received from family representatives demonstrated that people were happy with the service. For example, one family member said that they were happy with the support given and that staff knew the resident well. They stated that they had no concerns.

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

## Capacity and capability

This inspection was unannounced and undertaken as part of ongoing monitoring of the centre's compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This centre was last inspected in November 2022. From a review of a sample of the actions from the previous

inspection, they had been completed by the time of this inspection.

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, as previous stated some improvements were required in the area of training and staff development.

Staff had access to training and development opportunities in order to carry out their roles effectively, for example fire safety. However, some staff required training or refresher training, for example in some areas related to infection prevention and control (IPC).

There were supervision arrangements in place and supervision was occurring in line with the frequency described in the organisational policy.

The provider had completed an annual review and unannounced visits to the centre as per the regulations. There were other local audits and reviews conducted in areas. For example, the clinical lead for the organisation had completed an annual IPC audit of the centre.

The inspector reviewed a sample of rosters they indicated that there were sufficient staff on duty to meet the needs of the residents.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They were employed in a full-time capacity and split their time across two designated centres that they managed. The roster for this centre clearly demonstrated when the person in charge was working in either of the two centres they managed in order for staff and residents to know where they were if they needed to contact them.

A staff member spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

#### Regulation 15: Staffing

A sample of rosters were reviewed over a three month period from March to May 2024. They demonstrated that there was sufficient staff in place at the time of the

inspection to meet the needs of the residents. There was a planned and actual roster maintained by the person in charge. There was a full staffing complement employed in the centre which facilitated continuity of care for the residents.

From speaking with two staff and the person in charge they demonstrated that they were familiar with the residents care and support needs.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

From a review of the training matrix and a sample of staff certification for the three staff that were on duty on the day of the inspection, staff received training in order for them to be able to appropriately support the residents. For example, staff were trained in areas, such as safeguarding adults, manual handling, and safe administration of medication.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

While refresher training was available, there were some deficits in the provision of refresher training within the time frame set out by the provider. From a review of the training oversight document and a sample of staff certification, the inspector found not all training was up to date. They related to:

- one staff required hand hygiene refresher training
- one staff member required refresher training in standard and transmission based precautions
- one staff member required training in respiratory hygiene and cough etiquette training.
- one staff member required training in eating drinking and swallowing training in order to ensure they had the appropriate skills to support residents with modified diets.

One staff member was scheduled for training in positive behaviour support which would facilitate them to support the residents to manage their behaviour positively. From the verbal confirmation from the person in charge and a review of the training matrix provided to the inspector the staff member had worked in the centre for a number of years and was not trained in this area. This meant that staff members did not always have access to training in a timely manner in order for them to safely support the residents. A senior manager recently communicated to the inspector that the provider had recently arranged for three other staff members in the organisation to be trained to provide in-house positive behaviour support training for



going forward.

The inspector also reviewed a sample of three staff supervision files and they demonstrated that there were formalised supervision arrangements in place as per the frequency of the provider's policy. This would support staff in their professional development and facilitate them to raise any concerns they may have.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a defined management structure in the centre which consisted of a person in charge and the residential manager who was the person participating in management for the centre. One staff spoken with was clear as to the lines of reporting when required.

The provider had arrangements for unannounced visits and an annual review of the service to be completed as per the regulations. The inspector observed that consultation with residents and their representatives was included in the six monthly visits to gather their opinions on the service.

There were other local audits completed to assess the quality and safety of care and support provided to residents in the centre. For example, the person in charge completed weekly oversight checks and monthly reviews. This was to ensure that they had appropriate oversight of the centre and pick up on potential issues in a timely manner in order to rectify them. Areas reviewed included personal protective equipment (PPE) stock checks, environmental and cleaning checks and a review of audits completed and actions that arose to ensure completion. In addition, there were annual health and safety audits, quarterly medication audits and an annual IPC audit completed.

Team meetings were taking place monthly and incidents were reviewed for shared learning with the staff team.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy, and associated procedures in place. An accessible version of the policy was available for residents, and a copy of the complaints process was displayed in a prominent position in the hall. There were designated complaints officers nominated.

Any complaints made had been suitably recorded, reviewed and resolved. For

example, one resident had complained that the house was cold when they arrived home one day. The person in charge arranged for the heating to be set to come on each evening between 5pm to 7pm.

The centre had received two compliments from family representatives within the last seven months. A family representative thanked staff for all their good work supporting a resident with a medical appointment. Another family representative thanked staff for taking care of her family member.

Judgment: Compliant

## Quality and safety

Overall, the residents were receiving care and support which was in line with their assessed needs. However, as previously stated some improvements were required in relation to communication and fire precautions.

There were fire safety management systems in place in the centre, which were kept under ongoing review. Each resident had a personal emergency evacuation plan (PEEP) in place to guide staff. However, confirmation from an external fire person demonstrated that enhanced fire alarm coverage and detection was required for the centre.

The inspector observed that residents were provided information in an easier-to-read format or visual format in order to promote informed choices, for example pictures of food choices. However, there was limited information documented regarding how they communicated in order to guide staff and ensure residents could adequately communicate their needs and choices.

Residents' health care needs were assessed, and appropriate healthcare was made available to each resident. For example, residents had access to a general practitioner (GP).

The inspector reviewed restrictive practices and while there were some in place, for example a lap belt for a wheelchair, they were assessed as necessary for the safety of the resident and subject to review. Where required, residents had access to a behaviour specialist to support them to manage their behaviour positively.

From a review of the safeguarding arrangements in place, the provider had safeguarding arrangements in place to protect residents from the risk of abuse. For example, staff had received training in adult safeguarding.

Residents' rights were found to be respected in the centre, for example through weekly meetings with residents. Residents also had access to and were supported with opportunities for leisure and recreation.

The inspector observed the premises was clean, tidy and in a good state of repair. There were systems were in place to manage and mitigate risk and keep residents safe in the centre. For example, there was an organisational risk management policy in place.

## Regulation 10: Communication

Easy-to-read documentation was used by staff to support residents to understand information provided to them. The inspector saw examples of those documents, for example on advocacy, complaints, flu vaccines and finances. A communication pack was developed for one resident to support them to undertake check-ups at the opticians.

One staff spoken with was familiar as to what the residents maybe trying to communicate through their actions and they provided some examples to the inspector. For example, they described the use of hand gestures that one resident may use and how they changed depending on if the resident was happy or frustrated.

However, from the evidence provided to the inspector, there was limited guidance for staff on how best to support the residents with their communication and how the residents may communicate. Residents with limited verbal communication had not been assessed by relevant professionals to assess their communication needs and support they may require. There was some limited guidance observed in the residents' intimate care plans as to how they may communicate in order to guide staff. One resident had a communication care plan in place completed by staff along with a plan on how to support them when they felt anxious. However, those plans were limited in the information provided, for example they did not guide staff how to know when the resident was sad, happy or in pain. This had the potential that not all of the residents' communication needs were familiar to staff to ensure that the residents could communicate appropriately and to promote effective communication.

The inspector observed that the residents had access to the radio, televisions, phones and Internet within the centre.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

Residents were supported to develop goals to work towards. For example, two residents were now completing a specific wellness programme that created an exercise plan for them after an assessment was completed.

Residents were encouraged and facilitated to keep in contact with their family through visits. For example, one resident visited their mother weekly and staff provided the transport.

Residents were offered the opportunity to participate in a social group called leisure buddies. Participants periodically went away for mini holiday breaks to different parts of Ireland. For example, three of the residents went with the group for five nights to Sligo over the Easter break.

Three of the four current residents attended a day programme Monday to Friday that was external to the centre and run by the provider. Residents often communicated through their behaviour or verbal communication that they preferred to relax in the house in the evenings after their day programme. For example, one resident liked to put their slippers and dressing gown on once they arrived home from their day programme. Sometimes they chose to go for an evening walk.

The inspector reviewed a four month period (January to April 2024) of documentary evidence for two residents on their daily recreation and activities they participated in. Residents were observed to participate in activities based on their interests, for example going out for coffee and food, going to the pub, they attended the barbers, went swimming and had reflexology.

The person participating in manager for the centre communicated to the inspector that the provider was implementing a new method of supporting residents to come up to with goals for themselves. The idea was that the person would be more thoroughly supported to discover what aspects of life were important to them and explore and develop their interests. They communicated that it had been trialed in some other centres and was working very successfully for the residents. They communicated that the hope was for that system to be rolled out within this centre in the coming months.

Judgment: Compliant

## Regulation 17: Premises

The premises was observed to be clean and tidy. The two houses were observed to be well maintained on the day of this inspection There was adequate space for the residents to have recreation and privacy. Each resident had their own bedroom.

From a review of documentation, the temperature levels in the house were based on residents' preferences. They had access to cooking and laundry facilities. The house was decorated in line with the residents' preferences, for example there was homemade artwork displayed in the sitting rooms and personal pictures were hung on the walls in different areas.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available.

There was a risk register in place and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Risks specific to individuals, such as choking risks, had also been assessed to inform care practices. For example, two residents' modified diets were reviewed by a speech and language therapist in order to ensure that staff had up-to-date knowledge in order to support each resident's safety in this area.

The inspector reviewed the eight incidents that occurred in the centre since January 2023. The inspector found that they were suitably recorded, escalated, responded to and learning shared with the staff team were appropriate.

The inspector saw documentary evidence that equipment used to support residents in the centre was serviced within the last year. For example, the hoists available for use in the centre were serviced in January 2024.

Judgment: Compliant

### Regulation 28: Fire precautions

For the most part, there were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. Staff completed a range of daily and weekly fire safety checks.

While there was a fire alarm detection system present in the centre, the type of alarm and cover that was provided by the alarm was not available on the day of the inspection. Subsequent to the inspection, the provider consulted with an external professional in the area of fire and they submitted the information requested. The inspector was not assured by the response that the alarm type provided an adequate level of cover for the premises as per national guidance. It was also confirmed that there was no detection in the attic space. Detection in the attic space is required to ensure that if a fire was to occur in the attic, that the centre would be alerted to it in a timely manner to facilitate with a prompt evacuation. The person in charge confirmed after the inspection that attic detection would be fitted; however, at the time of this report no date was provided.

The inspector reviewed three residents' PEEPs and they were observed to be up to date. They guided staff as to what supports a resident required in the event of an emergency. Monthly fire evacuation drills were taking place and the inspector reviewed the documentation of 14 drills. They contained details of scenarios used that recorded the possible source of the fire. They recorded what door was used for evacuation in order to demonstrate that residents could be evacuated from different parts of their home. An hours of darkness drill was observed to be completed with maximum resident numbers and minimum staffing to demonstrate that staff could safely evacuate residents.

The inspector observed that one fire containment door did not close by itself. The provider arranged for the self-closing device to be fixed on the day of the inspection and evidence shown to the inspector.

Judgment: Substantially compliant

### Regulation 6: Health care

The healthcare needs of residents were suitably identified, for example from a sample of two residents' files they had an annual healthcare review completed by their general practitioner (GP). The person in charge confirmed all four residents received an annual healthcare review by their GP.

Healthcare plans outlined supports provided to residents to experience the best possible health, for example an eating, drinking and swallowing plan was in place were required. From a sample of two residents files, they were facilitated to attend appointments with health and social care professionals as required, for example an occupational therapist, chiropodist and physiotherapist.

Some of the residents were on modified diets and person in charge was aware of the residents specific needs in this area. In addition, residents had been reviewed by a speech and language therapist in relation to their diets to ensure their most up-to-date dietary needs were known.

Judgment: Compliant

### Regulation 7: Positive behavioural support

While there were some restrictive practices used within the centre for one resident, for example a lap belt on a wheelchair or a shoulder harness when in a vehicle, they were assessed as being required for the resident's safety and subject to review.

Where residents presented with behaviour that may cause distress to themselves or others, the provider had arrangements in place to ensure those residents were

supported. For example, there was a recently completed behaviour support plan in place completed by a principal clinical psychology along with additional supplementary information in a care plan completed by staff. They provided staff with guidance on how best to support the residents. The plans were recently put in place to be trialled and the person in charge was clear as to actions to be taken as per the recommendations within the plan.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents. For example, staff were trained in adult safeguarding. One staff spoken with was clear on what to do in the event of a safeguarding concern. Potential safeguarding risks were reported to the relevant statutory agency and a safeguarding plan put in place in order to minimise the chances of further safeguarding risks to the residents. There were no active safeguarding risks at the time of inspection.

From a sample of two residents' finance documentation, the inspector observed that residents were encouraged to use their bank cards where possible instead of cash in order to promote easier oversight and safeguard their money. The person in charge was completing weekly and monthly financial balance checks of each resident's money to ensure their money was appropriately accounted for and safeguarded. In addition, an annual review of finances was completed by the organisation's finance officer.

From a review of three residents' intimate care plans, they provided staff with guidance as to what supports the resident would require in order to appropriately support them.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were protected by the systems for consultation with them, respecting their known preferences and wishes regarding their day-to-day lives. For example, the inspector observed while reviewing the complaints log that in 2023 a resident communicated that they were too warm at night. Staff supplied them with a lighter duvet for them to have a more comfortable nights sleep.

There were weekly residents' meetings taking place to support the residents to make choices and keep them informed. Different topics were observed to be discussed, for example rights and activity planning.

As previous discussed, the inspector observed that there were a number of easy-to-read documents available on different topics for staff to go through with residents, for example complaints and human rights.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Gael OSV-0003261

Inspection ID: MON-0039897

Date of inspection: 14/05/2024

## 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 staff that required a Hand Hygiene Refresher has completed this training on the 11/6/24. The staff requiring Training in respiratory hygiene and cough etiquette has completed 11/6/24. The staff Requiring training in eating, drinking and swallowing has completed training on the 11/6/24. The Staff who was scheduled for training in Positive Behaviour Support has completed training 17/5/24. The Staff Member requiring refresher training in standard and Transmission based Precautions has completed 11/6/24.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The Person in Charge has been in contact with Speech and Language Therapist in relation to guidance on the communication needs of all residents 23/5/24. The Speech and Language Therapist has forwarded a communication assessment form to the Person in Charge who has completed a review of all communication needs and documented communication needs are kept on resident's files as reference and guidance for existing staff, new staff and relief staff 11/6/24.</p> <p>A Communication Care Plan for one Resident has been reviewed by the Person in Charge 11/6/24</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Additional smoke detectors were installed in the attic space. The fire alarm system has also been re-certified as LD1 I.S 3218:2013 following inaccurate information on the original certificate 13/6/24. The competent person will review the current fire alarm system as per certificate of servicing and testing (Please see attached). Certification for alarm system is now on site. (See Certificate Attached).</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	11/06/2024
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	11/06/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional	Substantially Compliant	Yellow	11/06/2024

	development programme.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	13/06/2024
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	13/06/2024