

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

Issued by the Chief Inspector

Name of designated centre:	Holly Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	28 May 2024
Centre ID:	OSV-0004071
Fieldwork ID:	MON-0043732

About the designated centre

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

Holly Services is a centre run by Ability West. The centre provides a respite service for up to eight children aged from 0-18 years of age with an intellectual disability. The centre comprises of one building located on the outskirts of Galway city and is within walking distance of local amenities such as shops, leisure facilities and cafes. The centre comprises of 10 bedrooms, of which eight are used by residents who access the centre. The remaining two bedrooms are used by staff for overnight accommodation when required. Communal facilities available to residents include kitchen and dining rooms, bathrooms, sitting rooms, a sensory playroom, utility, staff office and outdoor play area. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 28 May 2024	08:30hrs to 19:00hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

The Registered Provider, Ability West has made a valid application to renew the registration of this centre. The primary aim of this inspection was to inform the assessment of this application.

Holly Services is a Children's respite service. Its statement of purpose clearly outlines how it operates and the services it provides. The centre continues to have high levels of compliance generally and the provider has invested in the premises to enhance the experiences of the young people receiving a service.

However, there continues to be a significant challenge within the service as the provider has one young person on emergency respite for over three years. The service offered to this young person is not respite, it is essentially a residential service and the provider and commissioner of services for this young person need to take immediate and urgent steps to ensure that this young person receives a service that will meet their needs now and into the future. The rights of this young person were not fully promoted or respected by the provider and there was inadequate involvement of the young person in the important decisions about the services they receive. The Inspector was given assurances by the Provider that this was an absolute priority and that they were planning for an appropriate move for the young person.

The inspection was announced the day before the inspection was due to take place to ensure there was staffing present in the centre. On the morning of the inspection there was a young person just about to leave for school and another young person was getting ready to leave a short time later. The inspector met with one young person at the start of the inspection. They presented as happy and content and communicated easily with the inspector. They chatted with the inspector about the centre and how happy they were with the staff that worked with them. They showed the inspector the bedroom that they used and talked about school, family and how much they liked to meet new people.

The inspector also met briefly with another young person. They were with their staff member and were happy to engage casually with the inspector. They talked a lot about wanting to play with water and again appeared very happy and content.

The inspector also observed two young people return to the centre in the early evening. The inspector didn't get to meet them but the young people were taken out on planned activities and also were getting something to eat.

The inspector was brought on a tour of the centre by the person in charge. There has been significant investment in both the inside and the installation of a new children's play area to the rear of the centre. The centre is located in a beautiful scenic area of the west of Ireland and has ample space externally for the young people to use. The inside of the centre had significant improvements including a

new kitchen, bathrooms and flooring. The centre was clearly presented as a children's centre, with new child friendly murals, brightly coloured rooms, new audio visual equipment and a new renovated sitting room with large comfortable seating. The person in charge had secured significant new resources including toys and games.

The provider had addressed the issues observed during the last inspection in relation to infection prevention. The person in charge had taken significant steps locally to address these issues.

Respite services were being offered to 15 children presently, with a wide variety of needs catered for. At present due to staffing challenges, there was a maximum of four young people per night and all these young people attended school and had one to one staffing during the day. The person in charge clearly explained that the service aimed to work with families to facilitate families and their requests in so far as was possible given the staffing constraints.

The next two sections of this report will outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the young persons' lives.

Capacity and capability

As reported on during the last inspection, there were many positive aspects as to how this centre was managed and the provider generally ensured that the arrangements in place to oversee the delivery of care were robust. The person in charge and the staff team were highly motivated and committed to the young people and they had engaged in extensive work to ensure that the service was modernised and as child friendly as possible.

There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities. The management arrangements within the centre were in line with the providers statement of purpose. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. The person in charge did not have other responsibilities outside of this respite service and as well as working directly with the young people they also had 20 hours per week for management duties.

The provider was experiencing challenges with recruiting qualified and experienced staff. This did not impact directly on the young people availing of respite but it did effect the ability of the provider to offer more young people respite.

Training was provided to staff on an on-going basis. The person in charge kept clear and concise records for all the staff. Records indicated that all staff had completed

mandatory training and further training was planned.

The provider had completed the Annual Review for 2023 and the most recent six monthly provider led audit was completed in December 2023.

The provider led audit was comprehensive and identified a number of areas for improvement. There was clear evidence that the person in charge addressed these areas for improvement. The changes to the centre's child safeguarding statement was one of these improvements. The statement now took account of young adults still attending the service when they turned 18 years old and were still in full time education.

The provider did not have an accurate statement of purpose in place in the centre. The provider's reliance on a short addendum to the document to take account of a young person on emergency respite for over three years was in potential breach of the regulations. This was a repeated breach of the regulations.

There was evidence of recent staff meetings, resident engagement meetings and a comprehensive survey of young people and their experiences to take place in 2024.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted to the Chief Inspector a complete application to re-register this centre. The application is presently under review and the purpose of this inspection was to inform this registration.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge to the centre. The post of person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. The person in charge was based in the centre and was well known to staff and residents. The person in charge was knowledgeable regarding their statutory responsibilities and the support needs of the residents. The person in charge had 20 hours per week dedicated to the management and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was not a full staffing compliment available to work in the centre as outlined in the statement of purpose. The provider was making extensive efforts to recruit staff and this was having some success. The person in charge outlined the plans for the coming months and how the staff team would be bolstered. The deficits in staffing did not impact the residents that availed of the service and every young person that availed of respite had one to one staffing. The rosters for three weeks were reviewed and one to one staffing was always in place for the young people availing of the service.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff in the designated centre was up to date in relation to both mandatory and recommended training. The records reviewed indicated that all staff had completed and had in date training pertaining to child protection. The person in charge had a 'training matrix' available for inspection and this was their tracker on ensuring compliance with training needs. The person in charge had also completed a full review of the 'training matrix' and had created a new tracker for upcoming training needs with specific dates and times for training events for relevant staff. The staff team had completed training in fire safety, various infection prevention and control trainings as well as behavioural support.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge had a directory file of all residents availing of the service. The directory included the information specified in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had invested significant funds in the facilities and ensuring that the service on offer was suitable and appropriate to the needs of the young people attending the service. The person in charge had completed an annual review of the service and although the review didn't directly contain feedback from the young

people and their representatives, there was evidence of regular feedback on the service and the person in charge had advanced plans for a complete survey of the service for 2024. The provider had completed a six monthly audit within time frames stipulated by the regulations. The audit was comprehensive in nature and made a number of recommendations that the person in charge and their staff team acted on. There was further evidence that the provider was learning from and implementing improvements from inspection of another children's service that they operated. There was aspects of safeguarding that the provider had greatly improved to ensure the safety of young people attending the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had in place contracts for the provision of services for young people that were availing of respite within the centre. There was one young person who had a respite contract signed after the last inspection. The contract failed to outline the actual terms of the placement and the contract was inaccurate.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was not compliant at the last inspection. The provider had inserted a temporary amendment to the statement of purpose after the last inspection. The statement of purpose continued to not reflect the service that was being delivered to one young person. The provider continued to have one young person as a full time resident since April 2021. The statement of purpose was solely written to describe the respite services they primarily provided. The statement of purpose did not describe or detail the specific services that young person would require living in residential care on a permanent basis.

Judgment: Not compliant

Quality and safety

The inspector found that the young people were generally supported to enjoy a good quality of life during their respite stays and that staff showed a keen interest in their care and well-being. However, some improvements were required in regards to

a number of areas especially pertaining to the rights of one resident and safeguarding procedures within the service.

The premises generally presented as of a very high standard. The provider had taken significant steps to improve the offering to young people. The person in charge continuously strived to find ways to improve the premises.

The provider knew the young people well that attended the service. They had a clear understanding of their assessed needs and all the young people attended school and there was a very clear evidence of good communication between the service and the school. This was evidenced in the minutes of two review meetings in which the school were in attendance.

The provider had good systems for the detection and containment of fire within the centre and the provider was carrying out the necessary checks on a daily, weekly and monthly basis.

The provider had good knowledge of the resident's health needs, each resident had an in-date hospital passport that contained important information. The provider encouraged residents to eat well and residents were offered home cooked food on a consistent basis.

The provider needed to address the transition plans for a young person presently attending the service. It was generally recognised that it was important that the young person moves but there was much work to be completed in ensuring that the young person was given appropriate information and was also afforded learning opportunities in life skills.

There was evidence that the provider was as involved as possible in many aspects of the care for residents, given the limitations due to the nature of the service. The provider was proactive in following many aspects of care with allied health professionals and with families where it was appropriate to do so. There was evidence of good links with community disability teams for the young people attending the service.

The provider needed to complete further work with young people pertaining to the area of personal plans. The provider needed to clearly evidence what the purpose of the young person's respite was and also to set clear and dynamic goals for the young people over a reasonable period of time.

Regulation 11: Visits

Visits to the centre were welcomed and encouraged but in general due to the nature of the service few young people availed of visits. The provider had ample facilities both communal and private to facilitate visits from family or others who were important to the young people availing of the service. It was also possible to welcome visitors outside as there were ample garden spaces that were welcoming

and well maintained.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge ensured that young people availing of the service enjoyed a good quality of life on a day to day basis when in the centre. All the children in the service attended school and were facilitated with transport to and from school.

The general improvements to the service as outlined throughout this report ensured that the young people had opportunities for play and there was age appropriate opportunities to be alone.

The young people were encouraged to maintain and develop relationships in the service and the person in charge and staff team were passionate about improving the quality of life for the residents.

Judgment: Compliant

Regulation 17: Premises

The provider had invested significant funds into the designated centre since the last inspection. On the day of the inspection many parts of the centre were being painted. The person in charge had secured a significant grant for outdoor play equipment. There was now an impressive and very child friendly area in place with swings and climbing frames.

There was a new kitchen fitted, a number of bathrooms had been renovated and the walls of the centre were now adorned with modern murals. One sitting room had been extensively re-designed with large comfortable seating and new overhead projectors. There was new outdoor seating in place as well as new flooring in large parts of the centre.

The person in charge showed the inspector a vast array of new games, toys and other child friendly materials.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was one young person availing of emergency respite for over three years. The most recent effort to secure a more permanent and appropriate placement had not progressed. At present the person in charge was unable to provide the young person with appropriate information on the services and supports they would receive into the future as the provider and nominated funding authority had presently no concrete plans in place.

The provider had not ensured that the young person was offered training in the life skills required for their new living arrangement as there was no fully comprehensive assessment available as to what this new arrangement would look like.

The inspector received assurances from the provider that this matter was getting the urgent attention it needed.

Judgment: Not compliant

Regulation 26: Risk management procedures

The person in charge operated a comprehensive risk management system. It was clear that there were centre risks and then individual risk assessments for young people. It was clear from reviewing the risk register how often risks were reviewed and what the purpose of the review was. The inspector reviewed two risk assessments for two young people, these were largely comprehensive and were reviewed but the person in charge needed to be satisfied that the correct risks were identified on the files and named as such especially pertaining to safeguarding. There was an out of hours system in operation in response to any emergencies within the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken steps to come into compliance with procedures pertaining to protection against infection. The provider had decided to remove a ball pit from one room since the last inspection thus removing the need for a specific cleaning protocol for this area.

The enhancements to the premises in areas such as flooring, new bathrooms and a new kitchen made the operation of achieving compliance with procedures for preventing the spread of infection easier.

The staff team had received relevant training and the person in charge had introduced a new flat mop system into the centre. They reported that this new system was much easier for all staff to use. The person in charge also completed a

full review of all cleaning products in use in the centre and there was now clear direction available to all staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two assessment of needs while on inspection. One of these captured the relevant information needed in line with the service that was being provided. The second assessment, although completed, did not capture fully the needs of the young person or the circumstances within the centre. The assessment did not comprehensively address the future needs of the resident and the personal plan arising from the assessment was neither specific or comprehensive. The goals set out for 2024 were the exact same as the goals for 2023 and were largely similar to goals in 2022.

The assessment of need used by the provider in the centre was the same assessment tool used in adult services. The tool did not take into account the unique needs of the young people using the service and was not adapted for a children's service.

Judgment: Substantially compliant

Regulation 8: Protection

There were notifications made to the Chief Inspector pertaining to incidents relating to the safeguarding of the young people in the centre. The staff team had received appropriate training pertaining to safeguarding. The inspector was concerned about the classification of one incident in January 2024. The inspector reviewed all relevant documentation relating to the incident. The documentation did not support a classification of alleged physical abuse and the incident should of been considered as potential sexual abuse. The provider had supported the centre to put in place a safeguarding plan for one child and was reviewing this. However, on review there was no need for a safeguarding plan as the person in charge had taken pro-active steps to ensure there was no risk to this young person. The provider needed to review its safeguarding procedures and protocols to ensure that the safety of young people were actively managed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The person in charge and the staff members that met the inspector were respectful and conscious about the rights of young people and actively promoted children's rights.

One young person in the centre had a significant move planned that did not progress. There was no evidence that the young person was given the opportunity to participate or consent with the decisions about their care and support.

The provider needed to actively promote the participation of the young person in all plans for their future care.

There was no evidence that advocacy services and information about their rights was made available to a young person pertaining to this important decision about their future.

Judgment: Not 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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Holly Services OSV-0004071

Inspection ID: MON-0043732

Date of inspection: 28/05/2024

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: A contract specific to the long term placement was comprised with the actual terms of placement outlined. This was completed 24/06/2024.	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose will be updated to reflect the service that is being delivered for the individual on a long term respite placement. This will be completed 26/06/2024. This outlines the specific services that this young individual requires while living in Holly Services.	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:	

While one young individual is availing of services in Holly on a long term basis, the Holly staff team will support this individual with developing life skills. A positive risk taking approach will be adopted. This will be documented in a "Life Skills" document. This commenced as of 04/06/2024.

Compiled in the social work assessment will be the outline of all possible living options reviewed by a team of key people within the young person's life and a rationale as to which option appears to be the most suitable being progressed at present. The young person's views on the suggested property will be gathered by the lead transition persons by the 12/07/2024.

The most suitable option will then be progressed to a transition plan based on; funding from the HSE, adaptations of the living environment required and recruitment of an appropriate staff team.

A clear transition plan will be established to support this young individual in moving to a new service. This will be documented and updated as timelines are met.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

A Child Friendly Assessment of Needs has been sourced and this was updated to reflect the supports needs and future needs of the young person. This was completed 24/06/2024. This will be utilized in addition to All About Me Assessment, which has also been updated to reflect future planning. This was completed 24/06/2024.

This Child Friendly Assessment of Needs will be implemented for all children in Holly Services. This will be completed by 31/07/2024.

The goals set out in original person centered plan have been discussed with the young individual on long term respite in Holly and in conjunction with the resident's family. The goals have now been updated. This was completed 21/06/2024. Goals include life skills and activities taking a positive risk approach.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

The Person in Charge has discussed with Head of Social Work and reviewed the safeguarding plan in question. While the recommendations from the safeguarding plan

are being followed and respite between both individuals is no longer scheduled together, this plan has now closed off.

The Area Service Manager, Person in Charge and Team Lead met 20/06/2024 to discuss oversight of safeguarding concerns within the service and actions identified. Audit of safeguarding queries and concerns will commence 24/06/2024 and will continue monthly to ensure that internal safeguarding processes are being followed and documented appropriately. Safeguarding processes will be discussed as an agenda item at team meetings and will continue monthly.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is a case manager appointed from the HSE and they will lead out on the governance and oversight of the placement for the young individual residing in Holly. This case manager will ensure that the young person is the centre of everything and all decisions. This case manager has also requested an independent psychology and social work re-assessment. This was requested on the 10/06/2024 and the social work assessment is ongoing. The Psychology assessment has been requested and is awaiting response. This will be followed up by the HSE case manager.

The young person will be supported to access an independent advocate. This will be discussed with the young person as part of a key worker meeting. This will be completed by social work on the 25/06/2024.

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(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	21/06/2024
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	21/06/2024
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be	Substantially Compliant	Yellow	21/06/2024

	consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.			
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Not Compliant	Orange	04/06/2024
Regulation 25(3)(b)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:where appropriate, the provision of training in the life-skills required for the new living arrangement.	Not Compliant	Orange	04/06/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	26/06/2024
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the	Substantially Compliant	Yellow	31/07/2024

	purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	21/06/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	21/06/2024
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum	Substantially Compliant	Yellow	31/07/2024

	participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/07/2024
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Substantially Compliant	Yellow	24/06/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to	Not Compliant	Orange	30/11/2024

	decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/11/2024
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	30/11/2024