



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

## Issued by the Chief Inspector

Name of designated centre:	Bird Hill
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	16 November 2023
Centre ID:	OSV-0005660
Fieldwork ID:	MON-0032766

## About the designated centre

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

Birdhill designated centre is operated by St. Catherine's Association. The provider had described the designated centre as a bespoke property located in a rural part of County Wicklow but within a short driving distance from local amenities and towns. The property provides residents with scenic views of the local countryside, it is modern and comfortable throughout. The centre has a capacity for two residents and provides services to adults with intellectual disabilities and autism. The centre is managed by a person in charge who also has a remit for two other designated centres that are located within a short distance from each other.

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

Number of residents on the date of inspection:	2
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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
Thursday 16 November 2023	10:30hrs to 16:00hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection, carried out in response to the provider's application to renew the registration of this designated centre. Overall, the inspector saw that residents in this centre were in receipt of good quality and safe care which was meeting their assessed needs. However, there were some improvements required to some aspects related to the oversight of residents' finances.

This centre is located in a rural setting near villages with local amenities including shops, swimming pools and beaches. The centre was home to two residents and the inspector had the opportunity to meet both of the residents over the course of the day. The inspector saw that the residents were supported by a staff team who knew them well and who interacted with them in a kind and responsive manner. Residents were seen to be busy on the day of the inspection and were supported to engage in their preferred activities in the centre and in the community.

Both residents greeted the inspector and chose to check in on her over the course of the day. However, neither resident spoke about their experiences of living in the centre, preferring instead to talk about their particular interests or to continue with their daily routine.

The inspector saw, on arrival, that the centre was well-maintained, clean and homely. The inspector met staff members, the person in charge and deputy person in charge of the centre. They explained their roles and the expected routine for the day. One resident was in the sensory room using their tablet device when the inspector arrived. The inspector was introduced to this resident and they talked briefly about some of the resident's interests. Later in the day, this resident went on a community outing supported by staff. The inspector was told that the centre had two buses to support community access, one of these buses was being serviced at the time of inspection.

Residents were observed to be comfortable in their home and freely accessed their bedrooms, the sensory room and kitchen as they wished over the course of the day. Staff were seen to be responsive to residents' communications and interacted with residents in a kind and familiar manner. Staff were seen to provide choices of food to residents and helped to prepare meals and snacks for them.

A walk around of the centre was completed with the person in charge. The inspector saw that residents had access to their own bedrooms with en-suite bathrooms. The inspector was told that works had been recently completed to one bathroom and were in progress for the other bathroom. The bathrooms were seen to be clean and well-maintained. Residents' bedrooms were comfortable and were nicely decorated.

The downstairs of the house contained a staff sleepover room, bathroom and open plan kitchen and living area. Some repairs were required to the kitchen and these

will be discussed later in the report. The living room furniture was well-maintained and comfortable. The living area was decorated with residents' photographs and activities for relaxation including sensory toys, lights and a television. Residents also had televisions in their bedrooms and had access to their preferred streaming services.

Outside the centre, there was a sensory room and a utility room. Residents were seen accessing the sensory room during the inspection and appeared to particularly enjoy this space.

Both residents had completed questionnaires in advance of the inspection. They were assisted by staff to complete these. The inspector reviewed the questionnaires and saw that residents were happy with the care and support that they received. The inspector also saw that family members spoke positively regarding the care and support in the centre when consulted as part of the annual review.

Staff spoken with were familiar with the residents' assessed needs and described the training and support that they had received in meeting these needs. Staff had completed additional non-mandatory training in areas such as human rights. The inspector was told by the person in charge that the use of one restrictive practice, required previously for travelling on the bus, had been discontinued. The inspector saw that there were efforts made to ensure that residents were living in as restraint free an environment as possible, however there remained some restrictive practices such as a locked press and locked boxes to store residents' financial belongings, which were required to be documented as such.

Overall, the inspector saw that residents were in receipt of good quality care which was delivered in a safe and homely environment. The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impacted on the quality and safety of care.

## Capacity and capability

The purpose of this inspection was to inform decision making regarding the renewal of the centre's registration. The inspector found that this designated centre met the requirements of many of the Regulations, with some improvements required to the maintenance of required records in the centre.

The provider had submitted an application to renew the centre's certificate of registration. They had included required documents such as the certificate of insurance and the statement of purpose. These were reviewed by the inspector and were found to meet the requirements of the Regulations. The statement of purpose was available in the centre, had been recently updated and was found to be accurate.

There were effective management arrangements in place that ensured that the safety and quality of care was consistently monitored. There were a series of audits which identified presenting risks. Actions plans were derived from these audits. The inspector saw that actions were progressed across these audits.

There was a clearly defined reporting structure which identified lines of authority and accountability. The provider had nominated a person in charge who was suitably qualified and experienced. The person in charge had additional responsibility for the oversight of another designated centre which was located nearby. In order to support them in fulfilling their regulatory responsibilities, a deputy person in charge had been appointed at local level. Both of these stakeholders were available on the day of inspection and informed the inspector of the reporting arrangements. The person in charge and deputy person in charge were found to have good knowledge of the designated centre and the needs and preferences of the residents.

The person in charge reported to the head of operations. Regular meetings were held between these stakeholders which were used to review audits and to implement action plans if required in order to address risks.

There was a roster maintained for the designated centre which showed that staffing levels were maintained in line with the statement of purpose and at a level and skill mix suitable to meet the needs of the resident. Where there were gaps in the roster, these were filled from a panel of regular relief and agency staff which supported continuity of care for the residents.

The inspector reviewed the Schedule 3 and Schedule 4 records, including the contract of care for residents, which were maintained in the centre. It was found that there were some gaps in these records, including in the recording and submission of some notifications to the Chief Inspector. In addition, contracts of care were not sufficiently detailed regarding the fees and services to be paid for by residents. This required review by the provider.

## Regulation 14: Persons in charge

There was a full-time person in charge employed in the designated centre. They were suitably qualified and experienced.

The person in charge had oversight of another designated centre which was located nearby. There were structures in place to support the person in charge in having oversight of both centres. These included the appointment of a deputy person in charge who also worked in both designated centres.

The person in charge reported to the head of operations. They had regular meetings with this manager and had pathways to escalate concerns to the provider level.

Judgment: Compliant

### Regulation 15: Staffing

There was a planned and actual roster maintained for the designated centre. The inspector reviewed the rosters and saw that the staff levels and qualifications were in line with the statement of purpose.

There was a full staff complement at the time of inspection. The provider had in place a small panel of relief and agency staff in order to fill any gaps in the roster. The use of a small consistent panel of relief staff was supporting continuity of care for the residents.

The inspector saw that there were sufficient staff to meet the needs of the residents on the day of inspection. Staff were seen to support residents to access the community and to engage in their preferred activities in the centre. Staff were seen to know the residents well and were responsive to their communications and kind and gentle in their interactions.

Judgment: Compliant

### Regulation 21: Records

The Schedule 3 and Schedule 4 records were reviewed on the day of inspection. The inspector saw that these were maintained and were readily available. However, there were some gaps identified in the records and improvements were required to ensure that these were maintained wholly in line with the Regulations. The gaps identified included:

- minor injuries sustained by residents were not recorded in a consistent manner and these had not been notified to the Chief Inspector in line with the requirements of the Regulations
- not all restrictive practices were recorded and notified to the Chief Inspector.

These were areas for improvement that had also been identified on previous inspections of the designated centre.

Judgment: Substantially compliant

### Regulation 22: Insurance



The provider had submitted a copy of their certificate of insurance along with the application to renew the centre's certificate of registration. The inspector saw that the provider had effected insurance for the buildings and contents of the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management systems in place in the designated centre. The centre was staffed by a team of social care workers and health care assistants. The staff team reported to the deputy person in charge and the person in charge, who in turn reported to the head of operations. Regular meetings were held locally and at senior management level. These meetings reviewed issues relating to the quality and safety of care in the centre and action plans were implemented as required.

There were a series of local audits including infection prevention and control (IPC) audits, medication audits and fire safety audits. These audits identified risks and action plans were implemented if required. The provider had also implemented six monthly unannounced visits and had completed an annual review of the quality and safety of care in the centre. These audits and reports were comprehensive and detailed. The annual review was also completed in consultation with key stakeholders including the residents. The audits were used to inform an improvement plan for the centre and actions in this plan were tracked to monitor progress. The inspector saw that many actions were completed or were in progress.

Staff spoken with reported that they felt well-supported in their roles and that they were in receipt of regular supervision. A training matrix was maintained for the centre which showed that there was generally a high level of compliance with mandatory training.

Judgment: Compliant

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

Residents in this centre had a service level agreement with the provider. These were being updated at the time of inspection and were not available on the residents' files. However, a copy of an unsigned, recently reviewed, service level agreement was provided to the inspector.

The inspector saw that further clarity was required on this agreement regarding the

services that residents were responsible for paying for. The provider set out that they would be responsible for a percentage cost of services including activities. However, the type of activities and the total cost that would be covered by the provider were not clearly defined.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose for the centre was reviewed. It was readily available in the designated centre. The statement of purpose had been recently updated and was found to contain all of the information as required by the Regulations.

Judgment: Compliant

### Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. Overall, the inspector found that residents were in receipt of care and support that was person-centred and that was supporting them to have a good quality of life. However, improvements were required to ensure that residents' retained control of their personal finances in line with their assessed needs and preferences.

The inspector saw that the house was clean and was generally well-maintained. Some upkeep was required to the kitchen facilities. The provider was aware of this and was in the process of sourcing funding to complete the required works. Residents had their own private bedrooms and had access to their own en-suite bathrooms. They also accessed a communal living area and sensory room. The garden was fitted with swings and a trampoline for recreation. On the walk-around of the centre, the inspector saw that the centre was equipped with suitable fire detection, containment and extinguishing equipment.

Staff spoke about how residents were supported to maintain contact with their families, friends and community. The inspector saw that residents availed of many community based activities in line with their preferences and that they were supported to have meaningful days.

Residents' files were reviewed by the inspector. They were found to contain up-to-date assessments of need which were written in a person-centred manner and informed comprehensive care plans. The assessment of need had been written in consultation with the resident, their chosen representative and the multi-disciplinary

team.

Residents had access to multi-disciplinary professionals and to general health care services as required by their assessed needs. The inspector saw that education and support was given to residents to enable them to engage with multi-disciplinary professionals as effectively as possible and to support residents in giving informed consent to procedures and interventions. For example, one resident had been recommended to undergo a dental procedure. Equipment such as an oxygen mask had been sourced to allow the resident to become familiar with this equipment and to reduce their anxiety around the procedure.

The inspector saw that some residents were prescribed medications and reviewed the medication records in this regard. It was found that medications were administered as prescribed and that medications were stored securely.

Some of the residents had positive behaviour support plans on their file. The inspector saw that these reports were detailed and found that staff were familiar with the proactive and reactive strategies to assist residents with managing behaviours of concern. There were a number of restrictive practices in the centre, some of which were not documented as such. These were in place due to the assessed medical needs of residents or to assist with safeguarding finances. However, they resulted in a level of restricted access to some areas of their home, for example one cupboard was locked, or to their possessions, for example residents' financial belongings were kept in the staff office. These practices required review to ensure that they were documented, notified to the Chief Inspector and regularly reviewed to ensure that they were the least restrictive practice possible.

## Regulation 12: Personal possessions

A review was required of the arrangements in place to support residents to retain control of their personal finances and to ensure that residents' finances were fully safeguarded. While the residents in this centre had their own bank accounts, the inspector was informed that not all residents had full autonomy and control of their finances. This required review by the provider.

Additionally, a review was required locally to ensure that there was a local operating procedure to guide staff in assisting residents to manage their finances. Staff supported residents to use their bank cards to pay for goods and activities. However, as the contract of care was not sufficiently detailed, it was not clear which activities residents should be paying for and which activities were covered by the provider.

Judgment: Not compliant

## Regulation 13: General welfare and development

Residents in this centre had access to facilities for education, recreation and social outings. Residents attended day services and were also supported by staff to engage in regular activities in line with their expressed preferences. These activities included swimming, music and horse riding. The inspector saw residents access the community on the day of inspection and were supported by staff to do so. Residents had access to two vehicles to support them in engaging in community activities.

Residents were supported to maintain contact with their families in line with their preferences and choice. Staff spoke about the supports provided to residents to enable them to visit their families' homes and to attend important family events such as weddings and Christmas celebrations.

Judgment: Compliant

## Regulation 17: Premises

The inspector saw that the designated centre was clean and generally well-maintained. However, there was some upkeep required to the kitchen counters, cupboards and kitchen flooring. This was known to the provider and had been identified on their audits however there was a lack of a defined time frame for completing these works.

The centre was homely and comfortable. Residents had their own bedrooms and en-suite bathrooms. These were personalised and decorated with their preferred photos and personal items. The sitting room was comfortable and had facilities for relaxation. Residents also had access to a sensory room and the garden provided equipment for exercise and for sensory activation.

There was adequate storage and there were also facilities for residents to prepare meals and to launder their clothes.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were adequate arrangements in place in the centre to detect, contain and extinguish fires.

There was a clear evacuation plan in the centre. Regular fire drills were held which

showed that residents could be evacuated in a timely manner.

Fire equipment including emergency lighting, fire extinguishers and the fire panel system were regularly maintained and were in good working order.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medications in this centre were stored appropriately. Records of medications prescribed and administered were maintained. The inspector reviewed these records and saw that medications were administered as prescribed.

An assessment of residents' capacity to self-administer medications had been completed. The inspector saw that residents were supported to maintain their autonomy and to administer medications in line with their assessed needs and preferences.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' files in the centre. The inspector saw that residents had an up-to-date and comprehensive assessment of need. This had been reviewed and updated within the past 12 months. The assessment of need was informed by the relevant multi-disciplinary professionals and residents' representatives.

The assessment of need was used to inform care plans. Care plans were comprehensive and were written in a person-centred manner. They provided clear guidance to staff on the supports required to meet residents' assessed needs and to uphold their autonomy and dignity.

The designated centre was seen to be designed and laid out in a manner that was appropriate to meet the needs of the residents.

Judgment: Compliant

### Regulation 6: Health care

Residents in this centre had access to a variety of allied health care professionals in

order to meet their assessed needs. Residents accessed their general practitioner, physiotherapist, dentist, occupational therapist and speech and language therapist among other allied health professionals.

The inspector saw that residents were supported to access these professionals in a person-centred manner. Education and support was provided to residents in line with their assessed needs to support them in understanding medical procedures.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents in this centre had up-to-date behaviour support plans. Staff were familiar with these plans. The inspector saw that records of incidents of behaviour of concern were recorded. The inspector saw, on reviewing these records, that staff responded to residents in line with the recommendations as set out by their behaviour support plan.

Staff had received behaviour support training. Two staff required refresher training and were scheduled for this in the coming weeks.

A review of the restrictive practices in the centre was required to ensure that all restrictive practices were logged and notified to the Chief Inspector. The inspector was told that there was a locked press in the kitchen which was implemented due to the assessed medical needs of one resident. However, this had not been logged as a restrictive practice and the residents' consent to this had not been documented.

Additionally, residents' financial belongings were stored in locked boxes in the staff office. This had also not been logged as a restrictive practice and residents' consent was not documented. Following discussion with staff, it remained unclear that there was a requirement for residents' financial belongings to be stored in this manner. Therefore the inspector could not be assured that these measures were the least restrictive option available, this required review.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially 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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for Bird Hill OSV-0005660

Inspection ID: MON-0032766

Date of inspection: 16/11/2023

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>1. Minor Injury</p> <p>a. St Catherine’s Association will devise and implement a Minor Injury Log to track and trend all minor injuries at they occur. The log will capture individual ID, date of injury, type of injury, and brief detail of injury, in line with the requirements of quarterly notifications.</p> <p>b. The Person-In-Charge will have responsibility for weekly review of the Minor Injury Log and ensure it correlates with Incident Report Forms and / or Health and Safety Forms to ensure all minor injuries are recorded consistently.</p> <p>c. The Minor Injury Log will form the basis of Quarterly Return notifications moving forward.</p> <p>Time-scale: 31st January 2024.</p> <p>2. Restrictive Practices</p> <p>a. St Catherine’s Association to conduct a full and independent review of all restrictive practices within Bird Hill. Where gaps are identified in logging of restrictive practices, these will be documented and notified to the local management team for corrective response to include;</p> <p>i. Notification to the Regulator, via quarterly notifications, from Q4 2023 onwards. Time-scale: 31st January 2024.</p> <p>ii. Submission of any newly identified restrictive practices to the Rights Review Committee for consideration. Time-scale: As necessary.</p> <p>iii. Restrictive practices will be added as a standing agenda item for Team Meetings; including discussion on ways to reduce / eliminate the practice. Time-scale: 31st January 2024</p> <p>iv. Consideration given for how an individual specific restrictive practices may impact other residents residing in Bird Hill. Time-scale: As necessary.</p> <p>v. The Person-In-Charge will be reminded of their responsibility to identify all restrictive practices and ensure appropriate cross-referencing with the restrictive practices log to ensure all uses of restrictive practices are monitored, and notified to the Regulator.</p> <p>vi. Continuation of quarterly notifications being approved by a Senior Manager prior to submission to ensure oversight. Time-scale: 31st January 2023.</p>	

Time-scale: 31st January 2024.	
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:</p> <p>1. Finances</p> <p>a. St Catherine’s Association are in the process of reviewing Contracts of Care for all residents. In consultation with residents and their families, St Catherine’s will clearly outline any fees and /or charges, and update individual contracts of care to reflect this.</p> <p>b. St Catherine’s Association will include a non-exhaustive list of items (goods &amp; services) that a resident will be reasonably expected to pay for. Where an unexpected resident expenditure is not covered by the list, St Catherine’s will ensure that the resident is provide with appropriate information to inform their decision making, and to ensure that are aware of who is responsible for covering the cost.</p> <p>Time-scale: 30th April 2024</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>1. Safeguarding</p> <p>a. St Catherine’s will write to all relevant families in January 2024 outlining the importance of safeguarding their son/daughter’s financial affairs. SCA will outline the active role that families will have, and provide details on how to become a co-decision-maker or decision making representative, in line with the Assisted Decision Making (Capacity) Act 2015, which emphasises the rights of individuals to make decisions about their own lives and supports them in doing so, even when they may require assistance. Based on current time-scale for registration under the ADM Act, this process is estimated will take between 9 to 12 months. Time-scale: 31st December 2024</p> <p>b. St Catherine’s will guide residents on setting up their own bank accounts. Time-scale: 31st March 2024</p> <p>c. St Catherine’ will implement appropriate safeguarding measures to ensure that resident finances are routinely monitored, and reconciled against their personal account. This may, in some incidences, be tied to the registration process under ADM Act and therefore will have a similar lead-time. Time-scale: 31st December 2024</p> <p>d. The Person-In-Charge will assist residents to obtain their disability allowance and ensure that it is lodged into individual resident’s accounts. Time-scale: 30th June 2024</p> <p>2. Autonomy</p> <p>a. The Person-In-Charge will engage with all residents to ascertain their preference pertaining to their finances, storage of same, and record the resident’s consent to any change to the management of their financial affairs.</p> <p>b. Where possible, the Person-In-Charge will make arrangements for individual finances to be stored in the resident’s bedroom, and in a manner suitable to the individual (i.e. wallet, lock-box, personal safe, etc.)</p> <p>c. Where a restrictive practice is required to safeguard individual finances (i.e. lock-box or personal safe), the Person-In-Charge will submit the practice to the Rights Review</p>	

Committee for consideration.  
 d. The Person-In-Charge will ensure that any newly implemented restrictive practice is notified the Regulator as part of Quarterly Returns.  
 Time-scale: 28th February 2024

3. Contract of Care  
 a. St Catherine’s Association are in the process of reviewing Contracts of Care for all residents. In consultation with residents and their families, St Catherine’s will clearly outline any fees and /or charges, and update individual contracts of care to reflect this.  
 b. St Catherine’s Association will include a non-exhaustive list of items (goods & services) that a resident will be reasonably expected to pay for. Where an unexpected resident expenditure is not covered by the list, St Catherine’s will ensure that the resident is provide with appropriate information to inform their decision making, and to ensure that are aware of who is responsible for covering the cost.  
 Time-scale: 30th April 2024

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 1. Repair / Replace  
 a. St Catherine’s Association have submitted a business case to our funding agency to secure appropriate one-once funding to repair and / or replace a number of item; incl. replacing kitchen flooring, replacing kitchen units, and replacing kitchen countertops.  
 2. Upkeep  
 a. In lieu of appropriate funding, St Catherine’s Association will continue to replace any items, as necessary, when a health and safety risk that cannot be mitigated through local control measures presents.  
 b. Kitchen flooring and kitchen counters will be replaced prior to funding being received.  
 Time-scale: 31st March 2024

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 1. Training  
 a. Two staff requiring behaviours support training completed the required training on 13th December 2024.  
 2. Restrictive Practices  
 a. St Catherine’s Association to conduct a full and independent review of all restrictive practices within Bird Hill. Where gaps are identified in logging of restrictive practices, these will be documented and notified to the local management team for corrective response to include;  
 i. Notification to the Regulator, via quarterly notifications, from Q4 2023 onwards. Time-scale: 31st January 2024.  
 ii. Submission of any newly identified restrictive practices (i.e. finances) to the Rights Review Committee for consideration. Time-scale: As necessary.  
 iii. Restrictive practices will be added as a standing agenda item for Team Meetings; including discussion on ways to reduce / eliminate the practice. Time-scale: 31st January

2024.

iv. Consideration given for how an individual specific restrictive practices may impact other residents residing in Bird Hill. Time-scale: As necessary.

v. The Person-In-Charge will be reminded of their responsibility to identify all restrictive practices and ensure appropriate cross-referencing with the restrictive practices log to ensure all uses of restrictive practices are monitored, and notified to the Regulator.

vi. Continuation of quarterly notifications being approved by a Senior Manager prior to submission to ensure oversight. Time-scale: 31st January 2023.

### 3. Finances

a. The Person-In-Charge will conduct a review of each resident's money management assessment with the individual and determine if resident finances can be relocated to each individual's bedroom.

i. The Person-In-Charge will record resident consent to any changes to the management of their financial affairs.

ii. Where possible, the Person-In-Charge will make arrangements to move individual finances into a resident's private space and therefore increase individual financial autonomy.

iii. Where a lock box and / or personal safe continue to be required to safeguard resident's money, the Person-In-Charge will ensure that this practice is notified the Regulator as part of Quarterly Returns.

b. The Person-In-Charge will ensure that resident's finances are routinely audited by the individual's key-worker, and where possible, in the presence of the individual to ensure resident finances are safeguarded from financial abuse.

Time-scale: 28th February 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/12/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2024
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are	Substantially Compliant	Yellow	31/01/2024

	maintained and are available for inspection by the chief inspector.			
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	30/04/2024
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/01/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	28/02/2024