



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

Issued by the Chief Inspector

Name of designated centre:	Lilac Cottage
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	12 June 2023
Centre ID:	OSV-0007950
Fieldwork ID:	MON-0031937

About the designated centre

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

Lilac Cottage is operated by Talbot Care Unlimited Company and provides 24 hour support for up to five male and female adults that live here. It is located in a rural setting in County Louth. The premises comprises of a large detached dormer style bungalow and has a good sized garden to the back of the property. There are four bedrooms downstairs, one of which has an en-suite bathroom, a large open plan kitchen/ dining area, a utility room a large conservatory area and a sitting room. Upstairs there is a large staff office and another large bedroom. The staff team consists of direct support workers, team leaders and a person in charge. There are three staff on duty during the day and two waking night staff. Residents are supported by staff to choose activities they like on a daily/weekly basis in line with their personal preferences. A car is provided so that residents can access community facilities. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 12 June 2023	10:30hrs to 18:50hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the residents had a good quality of life in this centre and staff supported them to be actively involved in the community, maintain links with their family and to have meaningful days. However, the admissions process for one resident was not in line with the providers policies; and some risk assessments, notification of incidents and residents rights also required review.

This was announced inspection to inform a decision to renew the registration of the centre. The inspector also followed up on some of the adverse incidents which related to falls reported to the chief inspector from this centre.

On the day of the inspection one of the residents was on a holiday abroad with their family and the inspector got the opportunity to meet and talk to the other four residents living there. The inspector also spoke to staff, the person in charge, the director of services and reviewed records pertaining to the care and support of the residents.

Throughout the inspection the residents were involved in meaningful activities. Some were attending day services, one was visiting a friend, and one was going out for the day to have lunch.

As part of this inspection, prior to visiting the centre, questionnaires were posted out from the Health Information and Quality Authority (HIQA) to the centre for residents to complete about the quality and safety of care in the centre. The feedback provided was very positive. Residents said they felt supported, liked the staff team, were encouraged and supported to maintain relationships with family and friends and would speak to staff if they were not happy or felt unsafe. Some of the residents said that when they had made a complaint it had been managed by the person in charge. They also said that they liked their home, felt safe and got to make decisions about their own lives. Some of the comments included ' love sitting in the garden reading the newspaper', ' this is the best place I have lived in', ' I love living here', ' I love my bedroom and choosing how to decorate it' and ' I can talk to staff anytime and know they will help me'.

When the inspector was talking to some of the residents they confirmed the information they had recorded in their questionnaires. The residents spoke with the inspector told them that they were very happy living in the centre. They spoke about getting to chose what they wanted to do and how they were supported to meet family. One resident said that they could not be happier living in this centre and liked the people they shared their home with. They told the inspector that they liked baking and cooking and sometimes made their favourite meal for their house mates for dinner.

Residents had monthly meetings with their key worker (a staff assigned to support the resident) to talk about their lives and what they were happy with or wanted

changed. The inspector reviewed a number of these records and found that residents reported that they were happy living in the centre and felt safe. At this meeting residents were also encouraged to speak about any concerns they had.

Weekly meetings were also held with residents as a group to talk about issues in the centre. A review of those records showed that at this meeting, informal education was provided to residents on issues such as staying safe, how to raise a concern, fire safety and how to access advocacy services if they wished too. There was also easy to read information about this on notice boards in the centre.

The staff were observed supporting the residents in a kind, patient and jovial manner. Over the course of the inspection, the inspector got to have afternoon tea and dinner with some of the residents and staff. Interactions between staff and residents was friendly, fun and respectful. Residents and staff were talking about some of the things they had done over the last few months and about interests that the residents had. For example; one of the residents had started buying some of their clothes online which staff had supported them with.

The house was homely, decorated and maintained to a high standard and was very clean. Residents had their own bedrooms which had been personalised to their individual tastes. The house was adapted to meet the needs of the residents. For example; wheelchair ramps were provided, hand rails had been installed in the corridors and equipment to support residents with their moving and handling needs was available. There was a large garden to the front and the back of the property where a seating area and sheltered smoking area was provided. The garden was a lovely area for residents to enjoy the good weather and enjoy the scenic views of the country side. Residents were observed enjoying the good weather on the day of the inspection; sitting out enjoying coffee with staff.

Residents were supported with meaningful activities. Four residents attended a day service two days a week and one resident had been referred for a day service at the time of the inspection. The residents reported that they liked this service and spoke about some of the activities they liked to do there like, art, gardening and knitting. On the other days residents liked to plan each day what they would like to do. For example; one resident said they liked to go out for coffee, lunch, to visit friends, clothes shopping or trips to parks where they enjoyed looking at all of the flowers. Another resident said they sometimes just liked chilling out and listening to music during the day.

Residents were supported to maintain links with their family and friends. On the day of the inspection one resident was visiting their friend for the day. Another resident told the inspector about a night out they were planning with one of their friends who they met regularly. Family and friends were welcome in the centre and some of the residents told the inspector about their family members visiting the centre and how staff were so nice and friendly when they visited.

Residents had been supported to develop goals they may like to achieve. For example; on the day of the inspection one of the residents was going to Carlingford for a day trip, this was something the resident had planned themselves. Another

resident spoke about a savings plan they had started which they really liked as they now had spare money when things like family birthdays and occasions came up.

Residents were supported to maintain their independence, for example one resident liked to prepare their breakfast the night before; and then cook it the next morning. One resident spoke to the inspector and said they wanted to increase their independent living skills in some areas and when the inspector followed this up, the person in charge was addressing this.

Residents were supported when they had a concern in the centre. The registered provider responded to concerns raised by the residents. For example; residents were not happy with the outside smoking areas and the provider had installed a new structure. The residents spoken to said they were very happy with this.

Overall, the residents reported that they were very happy living in the centre and reported that they had a good quality of life living here. Notwithstanding, some improvements were required. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Overall, the centre was well resourced and centred around providing person centred care to the residents. However, improvements were required to the admission procedure for one resident, risk management and rights.

The inspector found that the admission procedures had not been adhered to prior to a resident being admitted to the centre on 20 April 2023. For example; there was no clear records explaining why the resident had been admitted to the centre, the person in charge had not met with the manager or staff from the centre that the resident previously lived in. An impact assessment conducted prior to the resident moving to this centre did not include how some issues would be addressed. For example; it was noted on the impact assessment that the residents behaviour may impact on other residents and it was not evident how this should be addressed or managed. It had also not been recorded whether residents living in the centre had been consulted about the resident moving there.

The inspector found that the residents transition to the centre had not been well planned. For example; the impact assessment had only been completed on 06 April 2023, and the resident had moved into the centre on 20 April 2023. The inspector was also informed that the reason the resident had moved to the centre was because they required a low stimulus environment, however, the inspector observed on the day of the inspection that the resident had their meals in the sitting room due to the loud music played (which other residents enjoyed) in the dining room at meal times. This had not been considered as an impact on this resident prior to their

admission to the centre.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. The person on charge was also responsible for another designated centre under this provider and was able to maintain oversight of both centres at the time of the inspection. The person in charge provided good leadership and support to their team.

The person in charge reported to an assistant director of services. They met on a monthly basis to discuss the care and support being provided in the centre.

The centre was being monitored and audited as required by the regulations and the registered provider completed a number of other audits to ensure that the service provided was to a good standard.

There was sufficient staff on duty to meet the needs of the residents at the time of the inspection. There were no staff vacancies at the time of the inspection. Some regular relief staff were employed for when staff took planned or unplanned leave.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. Nursing care was provided as required by a team of nurses who provided 24 hour support. The staff spoken to also had a very good knowledge of the resident's needs.

A sample of personnel files reviewed were found to contain the information required under the regulations. There was also up to date Garda vetting in place for those staff.

The training records viewed found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; emergency first aid, safeguarding adults, fire safety, manual handling, infection prevention and control, and medication management.

In addition, the staff had also completed training in human rights. The person in charge gave some examples of how this training influenced their practices in the centre. The inspector also observed examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

Following a review of a sample of incidents, the inspector was satisfied that the person in charge had notified the chief inspector of most adverse incidents that had occurred in the centre. However, a review of one complaint raised by a resident which had been managed to the satisfaction of the resident, should have been notified to the chief inspector as a potential safeguarding concern.

Regulation 14: Persons in charge

The person in charge had the necessary skills and experience to manage the centre. They demonstrated that they had a good knowledge of the needs of the residents living in the centre and promoted a service that was person centred.

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

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents at the time of the inspection. There were no staff vacancies at the time of the inspection, some regular relief staff were employed for when staff took planned or unplanned leave.

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

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. Nursing care was provided as required by community nurses who worked on Monday to Friday. There was also nursing personnel on call on an out of hours basis and at weekends. The staff spoken with had a very good knowledge of the resident's needs.

A sample of staff personnel files viewed were found to contain the documents required under the regulations. This included Garda vetting reports.

Judgment: Compliant

Regulation 16: Training and staff development

The training records viewed found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; emergency first aid, safeguarding adults, fire safety, manual handling, infection prevention and control, and medication management.

In addition, the staff had also completed training in human rights. The person in

charge gave some examples of how this training influenced their practices in the centre. The inspector also observed examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

Staff had supervision completed regularly in the centre in order to discuss their personal development or raise concerns (if any) about the quality of care provided. The person in charge and team leaders completed this supervision with staff.

Judgment: Compliant

Regulation 23: Governance and management

This centre was well resourced and had a defined management structure in place to ensure that the services provided were to a high standard.

The person in charge had good oversight of the centre, was organised and ensured that staff were supported through regular supervision and staff meetings. Team leaders were also employed to support the person in charge in their role and provide support and direction to staff when the person in charge was not in the centre.

The person in charge reported to the assistant director of services. They met on a monthly basis in the centre to review the care and support being provided. These meetings were called governance meetings and following these meetings action plans were developed to improve services where required. During these meetings, risk management, residents personal plans and medication practices were reviewed. 'Cluster meetings' were also held regularly, these meetings were an opportunity to share learning across the organisation and discuss changes in procedures and practices being introduced by the registered provider.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Both the annual review and the last six monthly audit report had highlighted a small number of actions which required attention. The inspector followed up on some of these actions and found that they had been completed. For example; a resident had raised a concern about the availability of transport in the centre and there were now two vehicles available for residents.

Other monthly audits were also conducted in areas such as restrictive practices, fire safety and medication management.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A resident had been admitted to the centre on 20 April 2023, the inspector found that the admission criteria and procedures had not been adhered to in relation to this. For example; there was no records explaining why the resident had been admitted to the centre, the person in charge had not met with the manager or staff from the centre that the resident previously lived in. An impact assessment conducted prior to the resident moving to this centre did not include how some issues would be addressed. For example; it was noted on the impact assessment that the residents behaviour may impact on other residents and it was not evident how this should be addressed or managed. It had also not been recorded whether residents living in the centre had been consulted about the resident moving there.

The inspector found that the residents transition to the centre had not been well planned. For example; the impact assessment had only being completed on 06 April 2023, and the resident had moved into the centre on 20 April 2023. The inspector was also informed that the reason the resident had moved to the centre was because they required a low stimulus environment, however the inspector observed on the day of the inspection that the resident had their meals in the sitting room due to the loud music played (which other residents enjoyed) in the dining room at meal times. This had not been considered as an impact on this residents prior to their admission to the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in the centre which was regularly reviewed and contained all the details of the services provided as required under the regulations. Some minor improvements were required to the staff skill mix employed in the centre which were addressed by the end of the inspection. An easy read version was also available for residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Following a review of a sample of incidents, the inspector was satisfied that the person in charge had notified the chief inspector of most adverse incidents that had occurred in the centre.

However, a review of one complaint raised by a resident which had been managed to the satisfaction of the resident, should have been notified to the chief inspector as a potential safeguarding concern.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The written policies and procedures required under schedule 5 of the regulations were maintained in the centre. The registered provider had reviewed these every three years as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents were being supported to have meaningful active lives and were being supported to develop and maintain friendships. Improvements were required to risk management and some residents' rights.

As stated the centre was generally well maintained, clean and decorated to a good standard. The centre had a large garden to the front and the back of the property. A seating area was provided along with a sheltered smoking area for residents. Some of the residents enjoyed maintaining the flowers in the garden. One resident was purchasing a green house to grow their own vegetables.

Residents were supported with their health care needs and had access to a range of allied health care professionals should they need their support.

The general welfare and development of residents was supported in the centre. Residents were supported to either attend a day service or were supported by staff in the centre to choose activities they wanted to do on a daily basis.

There were systems in place to manage and mitigate risk and keep the residents safe in the centre. This included a risk register for overall risks and individual risk assessments for residents. Incidents in the centre were reviewed by the person in charge and where actions were needed to mitigate future risks they were completed. However, improvements were required in the management and review of some risk assessments.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Education was provided to the residents on their right to feel safe in the centre.

The registered provider had fire safety precautions in place. Staff had been provided with training in fire safety. Fire fighting equipment was available and had been

serviced recently. Staff were knowledgeable about how to support residents in evacuating the centre. Personal emergency evacuation plans were in place to guide staff practice. Fire drills had been conducted to demonstrate that residents and staff could safely evacuate the centre in a timely manner.

Infection control measures were also in place. Staff and residents had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE).

The inspector found examples of where the resident were supported with their rights. A human rights based approach to care was promoted with residents being included in decisions about their lives. However, there were no records to verify how one resident who required supports around decisions with their health care needs and supports were provided. For example; the person in charge stated that the resident had discussed issues with their refusal of some interventions with their doctor, however this was not documented.

Regulation 11: Visits

The registered provider had a policy in place around visitors to the centre. All of the residents said that their family members and friends were welcome to visit the centre when they arranged it with the residents.

Judgment: Compliant

Regulation 13: General welfare and development

The general welfare and development of residents was promoted and supported in this centre. Residents were supported to keep in regular contact with family and friends. Residents were supported to either attend a day service or could choose activities they wanted to do on a daily basis. One resident had been referred to attend a day service that they would enjoy.

From a review of records and talking to resident they led active lives and had goals developed that were in line with their personal preferences. For example; residents who had a specific interest in music were supported to go to concerts and music venues. Another resident who liked gardening was developing their skills in relation to this.

Judgment: Compliant

Regulation 17: Premises

The property was well maintained, clean and decorated to a good standard. The residents said that they loved their home. The back garden was large and had a seating area, and a sheltered smoking area that residents were observed using on the day of the inspection. The sheltered smoking area was important to residents and they had requested this from the provider as the previous area was not suitable.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; there were records to show that hoists, beds and a ramp fitted on the bus had been serviced as required.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a residents guide in place which outlined the facilities and services provided. One resident spoke to the inspector about this and they were very knowledgeable around the services provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a policies and procedures in place to manage risk in the centre. The policy on risk management contained the information required under the regulations. For example; what to do if a resident went missing. The registered provider had a corporate risk register that was reviewed regularly by a risk management committee in the wider organisation.

There were records available to demonstrate that the vehicle available in the centre was roadworthy and insured.

The centre had a safety statement and local risk register that was managed and reviewed by the person in charge. There were also individual risk assessments in place for each resident. However, the inspector found that the local risk register required review as some of the information was not up to date and some of the risk ratings were not accurate. For example; a risk assessment relating to infection prevention and control included controls that were no longer relevant and the risk rating was orange despite the fact that at the time of the inspection the risk in relation to infection prevention and control were not considered a medium or high

risk. This was not impacting on the residents at the time of the inspection, but needed to be addressed to ensure that records were accurate and up to date.

In addition, a risk assessment for one resident in relation to falls had not been reviewed effectively despite the fact that the risk remained at orange. For example; some control measures had been recommended last year to reduce the risk of falls for the resident. These control measures had been implemented but had not worked. There had been no comprehensive review following this to see if any further control measures could be implemented. While staff were able to talk about the control measures in place they were not always recorded. For example; social stories were used to educate the resident on the risks, however it was not recorded how often this was done to review their effectiveness.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place to protect the resident from infection. This included contingencies to prevent/ manage COVID-19 or influenza in the centre. All residents had consented to and received vaccinations to protect them against some infections.

There were adequate supplies of PPE available in the centre. There were adequate hand-washing facilities, hand sanitising gels available and enhanced cleaning schedules were in place. This included schedules for cleaning some medical equipment. Staff were able to demonstrate how they would manage spills in the centre and what personal protective equipment would be required in order to prevent cross contamination.

There were systems in place for the management of laundry and staff were aware of these procedures. Colour coded mops and buckets were stored in a clean dry area and a staff member went through how this was managed.

The registered provider had systems in place for the management of waste.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had fire safety precautions in place. Staff had been provided with training in fire safety. Fire fighting equipment and fire safety measures such as fire extinguishers, fire blankets and emergency lighting were installed and had been serviced recently. Personal emergency evacuation plans were in place to guide staff practice.

A sample of documentation informed the inspector that staff undertook daily, weekly and monthly checks on fire safety measures and where required, reported any issues or faults. Fire drills had been conducted to demonstrate that residents and staff could safely evacuate the centre in a timely manner. Monthly audits were completed to ensure effective oversight of fire safety measures in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and had required access to a range of allied health care professionals if required. The inspector found that the person in charge had advocated for one resident to receive supports around their mental health. This was being addressed at the time of the inspection.

Support plans were in place to guide staff practice and inform the supports a resident required with their health care needs.

Residents had the right to refuse specific medical treatment or interventions. However, the records maintained in relation to this were not comprehensive. This is actioned under regulation 9 residents rights of this report.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Education was provided to the residents on their right to feel safe in the centre. The residents spoken with reported that they felt safe in the centre, liked the staff and said that if they did not feel safe they would report it to a staff or the person in charge.

Notwithstanding the fact that the person in charge had not notified the chief inspector of one potential safeguarding concern in the centre as discussed under regulation 31 of this report, where an incident had been notified to the chief inspector, the person in charge had taken appropriate measures to ensure that residents were safe. For example; safeguarding plans had been developed to mitigate risks.

Judgment: Compliant

Regulation 9: Residents' rights

There were numerous examples where residents were supported with their rights. This included residents being included in decisions around their care and support.

However, the inspector found that there was no records to indicate how some supports were provided to ensure that one resident understood the choices and decisions they were making. For example; while it was stated that a resident had been supported to discuss issues with their doctor, the details or outcome of this meeting was not recorded.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lilac Cottage OSV-0007950

Inspection ID: MON-0031937

Date of inspection: 12/06/2023

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 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The PIC has reviewed admissions in the centre and implemented the following for further admissions:</p> <p>Admissions to the centre will happen in a planned manner in line with the Admissions and Transitions policy and the procedure will be followed in relation to any admissions or transitions to the center.</p> <p>Residents will have a detailed Transition journey document that will capture all aspects of their transition, inclusive of why the transition is taking place and all steps that were taken.</p> <p>An impact assessment will be completed prior to any admissions or transitions to the centre to include how any identified possible impacts will be addressed.</p> <p>Residents in the centre will be consulted in relation to new admissions or transitions and this will be documented in residents meetings.</p> <p>Compatibility Assessment to be completed for all new residents who transition internally or are admitted.</p> <p>Compatibility Assessment to be carried out for the current occupants of Lilac Cottage.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge will complete all notifications to the chief inspector as per requirements in relation to incidents or complaints.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person In Charge and the Director of Services have carried out a review of all Risk Management within the centre.</p> <p>The Local Risk Register has been reviewed and updated by the Person In Charge, and the risk ratings have been reviewed and updated accurately and specifically to the designated centre.</p> <p>The risk assessment for the resident in question has been reviewed by the Person In Charge and Assistant Director to include the control measures in place that are effective to the resident and the risk.</p> <p>Recommendations which have been implemented and tried and were not always successful will be reviewed on a more regular basis by the Person In Charge and Multi-disciplinary team.</p> <p>All control measures utilized by staff daily will be recorded in the residents notes every time this is completed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Then PIC has undertaken a review of the documentation in the centre and implemented the following:</p> <p>Residents' Rights to be discussed at the weekly residents meetings.</p> <p>Discussions with residents of this nature will be documented in their Key Working Sessions and daily progress notes.</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 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	07/07/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Substantially Compliant	Yellow	29/06/2023

	following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	20/07/2023