



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

Issued by the Chief Inspector

Name of designated centre:	Ballycullen
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6
Type of inspection:	Unannounced
Date of inspection:	04 July 2024
Centre ID:	OSV-0008360
Fieldwork ID:	MON-0043134

About the designated centre

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

Ballycullen provides a residential service for male and female adults with an intellectual disability who may also have autism, mental health difficulties or behaviours of concern. The objective of the service is to empower individuals with new opportunities and the necessary skills to live full and satisfying lives and to help to support them to become equal citizens of their community. The residents are supported by a team of social care and nursing staff. The designated centre consists of a two-storey house in a suburban residential area of Dublin.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 July 2024	10:00hrs to 16:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was conducted to assess compliance with the regulations and to assess the implementation of the compliance plan submitted to the Office of The Chief Inspector following an inspection carried out in October 2023. The provider committed to addressing areas of non-compliance and submitted a time-bound plan in this regards. The inspection was facilitated by the person in charge and support staff. Overall, the inspection found high levels of compliance with the regulations and standards. However the inspector identified that further improvements were required in relation to regulation 12: personal possessions and regulation 28: fire precautions.

The designated centre consists of a two storey house in South Dublin and has the capacity for four residents, there was no vacancies in the centre on the day of the inspection. The centre supports both male and female residents with intellectual disabilities. The designated centre was close to local amenities and had access to two vehicles which belonged to the centre. The centre was also close to a number of transport services which residents could avail of if they required. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. The inspector had the opportunity to meet three residents on the day of the inspection. One resident was away visiting family and was not due to return until the following day.

The inspector found the designated centre to be clean, tidy and decorated in line with each residents tastes. Residents had their own bedrooms and the inspector found that they were decorated with pictures of family events, sporting events and residents interests. Each resident had access to electronic devises in their bedrooms such as televisions, tablets and music devices. The designated centre had a large sitting room where residents were observed to be relaxing while listening to music. The centre also had a sensory room which staff informed the inspector residents enjoyed accessing as it was beside the sitting room and not far away from others if they wanted to remain close to the activity in the house. Resident had access to a large back garden which was equipped with tables and chairs, a large trampoline and a number of outdoor activities for residents.

On arrival to the designated centre the inspector was met by support staff, on welcoming the inspector the support staff ensured that relevant information was discussed with the inspector in order to ensure that identified risks were communicated. The support staff introduced the inspector to one resident who was enjoying their breakfast with the assistance of staff. The inspector later noted that the support staff had created a quiet environment for this resident to enjoy their breakfast in line with their feeding, eating, drinking and swallowing (FEDS) guidance. The resident was observed to be smiling and making eye contact with staff during this interaction. Support staff advised the inspector that the resident

was going to be attending a social outing with staff after breakfast but had an in house appointment in relation to their wheelchair prior to this. The staff informed the inspector that the resident was currently in receipt of a day service from their home, however they were in the process of reviewing day services with the provider that would be suitable to their needs. Staff discussed that during the pandemic the resident had really enjoyed a more relaxed approach to day service provision so for that reason the team and family felt that the resident would benefit from a service over two to three days and the remaining time from their home.

The inspector was introduced to one resident by support staff who was waiting to go out for a walk in a local park. The inspector noted that the resident was enjoying accessing areas in their home such as the back garden. The inspector observed staff assisting the resident on the trampoline in the back garden. The resident was also observed enjoying spending time in their room listening to music prior to going out with staff. Support staff informed the inspector that the resident was also in the discovery process of a new drop in style day service and a wrap around individual day service from their home. Staff spoken to were knowledgeable in relation to the residents communication support needs and activities of interest. Support staff discussed that family were very important to the resident and that they promoted this relationship at all times.

The inspector observed residents to be comfortable and relaxed in the surround of their home, with the inspector observing residents freely accessing communal and private areas of their home. The inspector observed staff using various methods of communication with residents in order to ensure that residents wants and wishes were expressed. Regular also had access to regular house meetings which the inspector noted were completed in an accessible format to promote residents communication style. There was evidence that residents and their representatives were given opportunities to make complaints. The inspector also observed evidence of staff advocating on behalf of residents and when necessary referrals to external advocates had been sought.

Overall, the inspector found that following the inspection completed in the designated centre on the 11th of October 2023 the person in charge and support staff had implemented a robust compliance plan which enhanced the operation of the centre leading to high levels of compliance with the regulations and standards as highlighted through this inspection.

The next two sections of the report present 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 service being delivered.

Capacity and capability

Overall, this inspection found improvements in compliance with the regulations since

the previous inspection. The provider had completed a number of their actions as outlined in their compliance plan response. The inspector identified that the provider had made a number of positive changes in relation to residents maintaining control and access to their finances, however further development was required in to the providers policy for residents finances under regulation 12: personal possessions

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet the residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcome to residents and further ensuring that residents were in receipt of a quality service. The inspector observed interactions in the centre to be warm, kind and caring between residents and staff. The inspector also observed support staff communicating with residents using a number of communication systems both verbal and non verbal approaches.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance and management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support for the centre in June 2024 which had clear recommendations and plans for completion in place and which incorporated residents and their representatives views. The provider had also completed an easy read accessible version of the six-monthly unannounced visit which was made available to residents.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Staffing levels were in line with the centre's statement of purpose.

The inspector reviewed both the planned and actual rosters from March, April, May and June 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts. The inspector found that the designated centre was operating on one full time staff vacancy, however the person in charge had ensured that this vacancy was covered with regular relief and consistent agency staff, if required.

Furthermore, the inspector observed staff engaging with residents in a respectful manner and ensured at the commencement of the inspection each resident was informed that their was a visitor in their home home and introduced with the support of staff to the inspector.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. The inspector observed that the training matrix was reviewed quarterly by the person in charge.

There was a high level of compliance with mandatory and refresher training. All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care. Staff also discussed with the inspector on arrival to the designated centre essential information pertaining to residents and the centre in order to maintain safety for residents, staff and visitors.

Supervision records reviewed by the inspector were in line with organisation's policy and the inspector found that staff were receiving regular formal and informal supervision as appropriate to their role. The person in charge had completed a schedule of supervision for the coming year. The inspector reviewed staff meetings and found that the meetings promoted shared learning from audits conducted in the centre and a review of incident and accidents.

Judgment: Compliant

Regulation 21: Records

The designated centre had records maintained and available for review on the day of the inspection. The inspector found that staff could easily access all documentation as requested.

The inspector found that all documentation and information received was accurate and up-to-date with regular intervals of review by the person in charge and the provider.

Essential documentation was presented and stored for residents in a manner which was accessible to both residents and their representatives.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

Audits carried out included a six-monthly unannounced audit, fire safety, infection prevention and control (IPC), medicine management, accident/incident tracker and an annual review of quality and safety which had taken into account the views and wishes of residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the

regulations. The statement of purpose had been recently reviewed and updated to reflect changes in the designated centre's management and staffing ratio.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last year informed the inspector that the person in charge had notified the Health Information and Quality Authority (HIQA) of adverse events as required under the regulations.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and was informed by their needs and preferences. The inspector found that the person in charge and provider had implemented systems to enhance the quality and safety of the centre. However, further improvements were required in relation to fire precaution and personal possessions.

The provider had made great gains in relation to supporting residents to manage their finances, however further improvement was required at provider level to ensure that residents could have full access to accounts opened. The person in charge and support team had provided support to residents to assess each residents support requirement in relation to managing their finances and supports in place to ensure that residents had access to their money. The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions.

There were procedures in place for the prevention and control of infection. The inspector observed that all areas in the centre were in a good state of repair and clean. Specific training in relation to infection control had been provided for staff. Regular audits were being carried out by the person in charge and staff team, with

recommendations discussed at staff meetings.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Support plans included dietary, personal and intimate care, safety and health needs. It was also found that residents were supported by staff in line with their will and preferences, and there was a person-centred approach to care and support.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was an up-to-date policy on risk management available, and risk assessments had been prepared to support residents' safety and wellbeing.

There was evidence that the designated centre was operating in a manner which was respectful of all residents' rights. The inspector saw that residents had opportunities to participate in activities which were meaningful to them and in line with their will and preferences, and there was a person-centred approach to care and support. Residents activities included swimming, visits to farms, walks, sensory activities and recreation activities such as cinema, theatre and concerts.

The inspector found that the provider had fire management systems in place that promoted residents' safety in the designated centre. However, during the course of a walk through of the designated centre the inspector identified two doors which were not functioning appropriately in the event of a fire.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The person in charge and staff team were reviewing each residents positive behaviour support in line with identified changing needs in a timely manner. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Restrictive practices identified and in place in the designated centre were reviewed regularly by the person in charge and relevant clinicians with the view to reduce or minimise.

Regulation 12: Personal possessions

The inspector found that the provider had implemented a number of positive steps towards compliance in regulation 12. Since the last inspection in October 2023 the provider and person in charge had supported three residents to obtain personal bank accounts to manage their own finances. The provider and person in charge

had a plan in place to support one resident in the opening of their bank account with the support of family.

However, the inspector found that residents could not freely access their bank accounts on the day of the inspection as the providers policy was in draft review. At the time of the inspection there was no date assigned for the publication of the policy and procedure to guide staff when supporting residents with accessing their bank accounts. However, the inspector acknowledges that each resident had access to finances and that no resident was left waiting to have money should they require to purchase items or attend activities of their choice.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed two FEDS care plan and found that there was guidance regarding the resident's mealtime requirements, including the appropriate food consistency, and their food likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements. The inspector observed staff during the course of the inspection assisting residents at meal times and observed that staff adhered to FEDS plans including the type of environment required for residents during meals.

The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre and was updated and reviewed on the 01 January 2024, with updates in required section as identified by the person in charge and support staff.

The person in charge regularly reviewed risks presenting in the centre and in doing so effectively identified and highlighted those risks and ensured control and mitigation arrangements were in place to manage the risks. Through review of

information the inspector noted that risks identified by the person in charge and provider were highlighted throughout all relevant documentation used to support the quality of care and support for residents. The inspector also found a high level of knowledge from support staff during a number of interactions over the course of the inspection. For example, on arrival to the centre the inspector was made aware of a number of health and safety systems in place in order to ensure safety for residents, staff and visitors. The inspector was advised in relation to fire safety and residents support arrangements.

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, skin integrity, IPC and emergency evacuation plans. Control measures to mitigate against these risks were proportionate to the level of risk presented. The inspector found that risk management procedures were regularly discussed at staff meetings to promote shared learning amongst the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place and staff had attended appropriate training and were knowledgeable about infection control arrangements.

The person in charge and staff team had completed monthly audits in relation to protection against infection and the inspector found that the findings of these audits were shared amongst the staff team through staff meetings.

On arrival to the centre, the inspector found the centre to be clean and tidy during a busy morning period when residents were getting ready to attend activities and appointments with staff.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a personalised emergency evacuation plan (PEEP) in place, which set out the supports they would require in the event of an evacuation. The inspector reviewed fire safety records, including fire drills and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. The inspector found that the person in charge and support team were completing regular fire evacuation drills and that recommendations from fire drills were

discussed with staff at team meetings.

There was a written plan to follow in the event of a fire or emergency during the day or night.

There was fire detection, containment, and fire fighting equipment. There was emergency lighting in the house. However, the inspector completed a walk through of the designated centre with the person in charge and carried out a manual check on each of the fire doors and found two fire doors were not closing as required. One of the fire doors led from the kitchen and dining room an area of high risk, the person in charge immediately logged both fire doors for review with the organisations maintenance department.

Staff had received training in fire safety and the person in charge ensured that when relief or agency were utilised that they completed an induction to the designated centre in fire safety. The person in charge also ensured that the unfamiliar staff worked alongside regular staff as apart of the induction process. Furthermore, staff spoken to during the course of the inspection were found to be knowledgeable of the fire evacuation procedures and the level of support required by each resident within the designated centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed safe practices in relation to the ordering, receipt and storage of medicines. The medication administration records reviewed on the day of the inspection clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medicines. However, at the time of the inspection this practice was not in place for residents due to areas of assessed needs.

Staff spoken to on the day of inspection were found to be knowledgeable on medicine management procedures and on the reasons medicines were prescribed. Staff were also observed to be knowledgeable of the side effects that some medications may have on residents and how to respond if any of these side effects were identified in residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. The inspector reviewed all four of the residents assessments files during the course of the inspection. The inspector found that the assessments identified residents' health, social and personal needs and had identified support plans in relation to needs identified during the course of the assessment.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, positive behaviour support, health care, nutrition, and safeguarding, as per residents' assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person-centred manner.

The provider had ensured residents had access to a range of clinical supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced where possible.

The inspector reviewed three positive behaviour support plans belonging to residents in the centre and found them to be subject to regular review and that clear guidance and support was offered to staff in order to enhance residents support in this area of their care.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Residents meetings were carried out in the designated centre, in these meetings residents discussed topics such as choice, rights, dinner options and discussions on the running of their home and service. The inspector observed that residents meetings were carried out in an accessible format with staff in attendance knowledgeable of each residents form of communication and required supports in order to promote each individuals wishes in the running of their home and service provided.

The inspector found that residents had access to individualised day support from a regular staff team, tailored to their assessed need. The provider and person in charge were also in the process of a discovery process for two residents in order to identify a day service suitable to residents identified goals and wishes. At present both residents were in receipt of an individualised style service from their centre, however support staff and the person in charge had identified that both residents would benefit from a service away from the centre no more than two to three days a week with the remaining days provided from the designated centre with support staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballycullen OSV-0008360

Inspection ID: MON-0043134

Date of inspection: 04/07/2024

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Personal money and possessions policy to be reviewed and updated to guide staff when supporting residents with accessing their bank accounts.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors to be serviced to ensure doors close properly and ensure safe fire evacuation.	

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.	Substantially Compliant	Yellow	30/11/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2024