



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

Issued by the Chief Inspector

Name of designated centre:	Ivy Court
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	06 June 2024
Centre ID:	OSV-0008636
Fieldwork ID:	MON-0041954

About the designated centre

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

Ivy Court can provide full time residential accommodation for up to two male and a female adults with a disability such as intellectual disability, autism and or mental health difficulties. The centre is two adjoining bungalows in residential area of a rural town, which gives residents good access to a range of local amenities. The residents are supported by a staff team of a team leader and care workers who are present to support residents both in the daytime and at night.

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 6 June 2024	10:35hrs to 17:55hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. This was the first inspection of this centre since it opened. As part of this inspection, the inspector met with both residents who lived in the centre. The inspector also met with the person in charge and staff, and viewed a range of documentation and processes. One resident was being supported in the centre by day service staff, as the day service was closed that week. The other resident was being individually supported by a staff member and they were out for much of the day. The person in charge and team leader were present in the centre during the inspection.

The inspector found, from observation in the centre, a conversation with one resident, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

The centre was two neighbouring single-storey houses in a residential estate in a rural town. Each house could accommodate one resident. The location of the centre gave residents very good access to a range of amenities and opportunities nearby. Each house had a well equipped kitchen with a dining area, a separate sitting room, laundry facilities and a bathroom. Both dwellings had separate back gardens for residents' use.

The inspector met with both residents who lived in the centre. Although one resident was not able to verbally express their views on the quality and safety of the service, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support the resident and staff to communicate with each other. The resident could make choices about activities, going out and what to have to eat. The second resident had been out for much of the day with staff and met with the inspector in the evening. They were happy to talk briefly with the inspector. They said they liked living in the centre and had settled in well to their new home. They said that they enjoyed sport but preferred to watch it on television rather than going out to fixtures. Their house had sport items and pictures displayed and they had a television channel subscription so that they could watch sport. This resident was very clear that they were in charge in the centre, that they made the decisions about how they lived their life, and that these decisions were always supported by staff. They also acknowledged that, while they had no complaints, that if they had any concerns, complaints or worries that they would tell staff and that the issues would be addressed.

Each house had a well equipped kitchen where food could be safely prepared to suit residents' needs. Kitchens in each house were seen to be clean and tidy, and there

was adequate space for food storage including refrigerated storage. A resident told the inspector that they were very happy with the food in the centre, that they chose their own meals and that they helped staff with cooking meals if they wished to. The inspector also saw that food choices were offered to a resident in a pictorial way that suited their needs. During the inspection, the inspector saw this resident choose what they wanted for the evening meal and this was prepared. The inspector also saw that food for a resident with a specific dietary requirement was prepared and served in line with professional guidance, and the resident appeared to enjoy the meal.

Individualised personal plans had been developed for residents based on their assessed needs. As these residents had recently transitioned from their family homes, they were still settling into their new homes and getting to know the local community. The inspector viewed the personal plan of one resident and found that meaningful personal goals had been developed and agreed with the resident. The inspector could see that residents were being supported to carry out their plans on the day of inspection.

The centre had dedicated transport for each house, which could be used for outings or any activities that residents chose to do. There were sufficient vehicles to ensure that each resident could have individualised outings in line with their own choices. Some of the activities that residents enjoyed in their homes included cooking, household tasks such as laundry, cooking and recycling, dancing, listening to music, painting, watching sport and pampering such as foot spas. Activities that residents were taking part in outside the centre included, swimming, going out for to eat, going to the church, music events, walks and outings to places of interest.

Capacity and capability

There were good systems in place to ensure that this centre was well managed. This ensured that a good quality and safe service was provided and that residents' care and support was delivered to a high standard. However, improvement to the service agreement and the auditing systems were required.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. The person in charge was supported by a team leader who was based in the centre and managed many of the day to day administrative functions of the service. Although the person in charge was not based in the centre, she was very familiar with the running of the service and knew the residents well. Arrangements were in place to support staff when the person in charge was not on duty. There were also arrangements to manage the centre when the person in charge was absent.

The provider had developed auditing systems for the ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. These included ongoing audits of the service in line with the centre's audit plan, and unannounced audits on behalf of the provider. Overall, these audits were effective and showed a high level of compliance and any identified actions had been addressed as planned. For example, some gaps in staff refresher training had been identified at an audit and this staff training had been scheduled for completion in a timely manner to address this. An annual review of the quality and safety of care and support of residents was not yet due as the centre was not a year in operation. The provider had also developed a suitable complaints process to address any concerns relating to the service. However, during this inspection, there were some regulations where some improvement was required, and these had not been addressed through the provider's auditing system

The centre was suitably resourced to ensure that care and support were effectively delivered to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, dedicated transport for each house, and access to Wi-Fi, games and television. Sufficient numbers of staff were seen to support residents' preferences and assessed needs during the inspection. The centre was also suitably insured.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included audits, person plans, healthcare records, fire safety servicing records and a directory of residents. The records viewed were maintained in a clear and orderly fashion, and were up to date. The provider had also developed a statement of purpose that described the function of the service and met the requirements of the regulations. A service agreements had been developed for each resident. Overall, these were informative, but required some improvement to fully meet the requirements of the regulations.

A range of policies, including those required by schedule 5 of the regulations, were available to guide and inform staff. However, some of these policies had not been reviewed within the time scales required by the regulations.

Regulation 19: Directory of residents

A record of all residents residing in the centre was being maintained. The inspector viewed the directory of residents and found that it included the required information relating to both residents who lived in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured at the time of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents. However, while there were no regulations identified as not compliant at this inspection, there were some regulations where some improvement was required, and these had not been addressed through the provider's auditing system

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, and an unannounced audit by the provider. The inspector viewed these audits, all of which showed that a high level of compliance was being achieved in the areas that were audited. An annual review of the quality and safety of care and support of residents had not been completed as the centre was not yet a year in operation.

An organisational structure with clear lines of authority had been established to manage the centre. There was a suitably qualified and experienced person in charge and there were effective arrangements in place to support staff when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had developed written agreements for the provision of service for all residents. The inspector viewed the service agreement for a resident. The agreement was informative and included a wide range of information about the service to be provided, such as fee to be charge and the support that the resident would receive. However, some improvement to service agreements was required. The service to be provided to the resident, and some of the expenditures that were not included in the fee, were not clearly explained. The service agreements had been agreed and signed by a representative of the resident and also on behalf of

the provider.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The provider had developed a statement of purpose and function for the service. The inspector read the statement of purpose and found that it described the service being provided to residents, included the information required by the regulations and was available to view in the centre. The statement of purpose was being reviewed annually by the person in charge.
Judgment: Compliant
Regulation 30: Volunteers
The provider did not use volunteers in this service.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a complaints process in the centre to enable residents to raise any complaints or concerns. The inspector saw that there was an up-to-date complaints policy, a complaints procedure which was clearly displayed in the centre, and a complaints register. The inspector saw that the complaints process was also available in an easy-to-read format for residents. Although the person in charge explained that there had been no complaints in the centre since it had opened, a member of staff showed the inspector the template for recording complaints and this was suitable and in line with the requirements of the regulations, and provided for the recording of complaints investigations and outcomes.
Judgment: Compliant
Regulation 4: Written policies and procedures
Policies required by schedule 5 of the regulations were available in the centre. Additional policies and guidance documents, such as policies on health promotion

and infection control, were also available to inform staff. Policies and guidance documents were available in hard copy and an online format and were accessible to staff. The inspector examined the policy folder and found that, while most of the policies were up to date, some had not been reviewed within the required time frame. For example, the food safety policy, residents' property and finance policy, and risk management policy were out of date. Furthermore, some policies that had been authorised for use within the past year, had been given short review dates which had expired. Therefore, it was unclear if these policies were valid, or if they required further review.

Judgment: Substantially compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care. A good quality and safe service was being provided to residents who lived in this centre. However, some improvement was required to fire safety drills and to the residents' guide.

The provider had good measures in place to ensure that the wellbeing and health of residents was promoted, that residents had autonomy and independence and that they were kept safe. The management team and staff were very focused on maximising the community involvement and general welfare of residents, as well as ensuring that their rights were supported. The inspector found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed.

Residents could take part in a range of social and developmental activities both at the centre, at a day service for one resident, and in the wider community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. There were sufficient staff and transport vehicles allocated to the centre to ensure that each resident could take part in individualised activities of their choice.

The centre comprised two separate self-contained neighbouring houses close to a rural town. The inspector found that these houses were comfortable, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The houses were kept in a clean and hygienic condition and had access to small separate garden areas. The location of the centre gave residents very good access to a wide range of community amenities and activities in the local area and nearby towns.

Family contact and involvement was seen as an important aspect of the service. Residents could have visitors in their houses as they wished and were also supported to meet family and friends in other places.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs.

Residents had access to medical and healthcare services to ensure their wellbeing. All residents had access to general practitioners and other health professionals and could choose to attend annual health checks. Residents were also informed about national health screen programmes and were supported to attend these if they chose to.

The provider had good systems in the centre to keep residents safe and to manage and reduce risks, although some improvement to fire safety was required. General risks, as well as individualised risks specific to each resident, had been identified and control measures were documented. There was safety statement, and an up-to-date risk management policy. Staff carried out ongoing health and safety checks in the centre. The provider also had arrangements in place to support residents to manage behaviours of concern. Overall there were good measures to safeguard residents, staff and visitors from the risk of fire. These included emergency evacuation drills, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire. However, fire evacuation drills required improvement.

Residents' human rights were being well supported. It was clear that residents had choices around how they spent their days. Important information was supplied to residents through ongoing interaction with staff and at weekly meetings, when they made plans and discussed topics of interest. While information and opportunities were made available to residents, they could use this information to make informed choices around which options they wished to become involved in and which they wanted to decline. The provider had also provided a written guide for residents with information about the service, although this guide required improvement as it did not include all the information required by the regulations. Residents chose, and were involved in shopping for, their own food. Suitable foods were provided to cater for residents' preferences.

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community. Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in activities that they enjoyed, such as sports events, holidays, going for walks, outings, drives to places of interest, and visiting their families. Residents could take part in household tasks, such as laundry, recycling and food preparation at a level that suited them. Residents also had opportunities to take part in everyday community activities such as shopping, going to the barber and hairdresser, and going out for meals.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was made up of two adjoining houses, each of which could accommodate one resident. During a walk around the centre, the inspector found that these houses were well maintained, clean, comfortable and suitably decorated. There were separate enclosed garden behind each. The centre was served by an external refuse collection service and there were laundry facilities available for residents to use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The inspector visited the centre's kitchens, which were well equipped, and where food could be stored and prepared in hygienic conditions. Each resident's meals were prepared and eaten separately in their own homes. Meal plans for each week were planned in advance at residents' meetings, and weekly meal plans were developed for each person. Residents went shopping with staff as they wished and were involved in food preparation at various levels based on their capacity. For example, one resident enjoyed making soup and baking. It was clear from records viewed that residents' meal were individualised to each person's preference.

Judgment: Compliant

Regulation 20: Information for residents

Overall, there were good arrangements in the centre to ensure that residents were supplied with information. There was a residents' guide that contained a wide range of information for residents. The inspector read the residents guide and found that it met most of the requirements of the regulations. However, it did not include the terms and conditions for residing in the centre. Other information that was relevant to residents was clearly displayed in the centre, such a photographic information about staff on duty, the complaints officer, managers involved with the centre, and advocacy process.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had arrangements in place to ensure that any resident who was transitioning between residential services or clinical settings was well supported. Hospital passports had been developed for both residents which would be used to supply hospital staff with relevant information in the event of the resident requiring a hospital admission, although this had not been required to date. The inspector read the hospital passports and found that they were detailed and informative. The inspector also read the transition planning documentation relating the recent transfer of a resident from another designated centre to this centre, and found that detailed plans had been developed to support the resident to make the transition. Information from the previous centre had also been supplied to this designated centre to ensure continuity of care for the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems in place for the management of risks in the centre. The inspector viewed the The provider's risk management arrangements which ensured that risks were identified, monitored and regularly reviewed. The inspector viewed the risk register and found that it identified a range of risks associated with the service and stated interventions required to reduce these risks. The inspector saw that further individualised risk assessments had been carried out to identify and manage risks specific to each resident. There was also a risk management policy to guide practice.

Judgment: Compliant

Regulation 28: Fire precautions

There were measures in the centre to safeguard residents, staff and visitors from the risk of fire. Overall these measures were suitable, but improvement to fire drills was required, and fire containment arrangements required further review.

The person in charge showed the inspector records of fire drills, equipment servicing, internal fire safety checks and personal evacuation plans. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Records viewed by the inspector showed

that these processes were up to date. On a walk through the centre, the inspector saw that there were fire doors throughout the building to contain and reduce the spread of fire. However, in both houses the washing machines were located in alcoves off the main hall, and there no means to reduce the spread of fire or smoke in these areas. The provider was asked to have these arrangements assessed by a competent person with experience in fire safety to establish if they were safe.

Fire evacuation drills involving residents and staff were being carried out in the centre. The inspector viewed records of fire drills carried out since the centre opened. These had been completed in a timely manner and all residents had been promptly evacuated to safety. However, there had been no fire drills carried out while residents were sleeping, and therefore, it was not possible to establish if residents could be safely evacuated at night time. The person in charge made a commitment that a fire drill would be carried out in the near future while residents were sleeping.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for residents based on their assessed needs. The inspector viewed the personal plans for one resident. This personal plan had been developed with input from the provider's multidisciplinary team and gave clear guidance on how the resident would be supported in relation to a range of needs, such as communication, nutrition, personal care, sleep, and leisure activities. A visual support plan had also been developed for the resident. Personal goals had been developed for the resident and these were being reviewed to assess their progress.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing. The inspector viewed a resident's healthcare file which included records of medical assessments and appointments. Records viewed indicated that residents could visit general practitioners and medical specialist consultations as required. Residents also had access to allied healthcare professionals such as speech and language therapists, occupational therapists, physiotherapists, and behaviour support specialists, and appointments and assessments were arranged as necessary. Residents also attended community based appointments for their welfare, including reviews and treatments by chiropodists and dentists. None of the residents were

currently eligible to attend national health screen programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. The inspector read a resident's file and saw that there were procedures to support the resident to manage behaviours of concern. There was a clear and up-to-date behaviour support plan which had been developed by a behaviour support specialist. There was a policy to guide practice. The person in charge discussed behaviour support plans with the inspector and was very clear on how interventions would be implemented.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days. Throughout the inspection, the inspector saw that each resident had choice and control in their daily life. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

Residents were included in decision making in the centre and the inspector read records of house meetings where plans were made and a range of topics were discussed. These meetings were carried out individually with each resident and communication aids, such as activity boards, social stories and pictorial cues, were used as required to support decision making and activity planning.

The provider had an advocacy process in the organisation and external advocacy services were also available to residents in the event that they wished to avail of these services at any time. Information about the internal advocate was displayed in the centre and was pictorial. The inspector saw that social stories had been developed to advise a resident about issues of importance to them including advocacy, money management and safeguarding.

As part of their induction process, all staff had taken part in training in human rights and fundamentals of advocacy. The person in charge explained that the knowledge gained from the training had been incorporated into the transition planning process to ensure that the move to the new centre respected both resident's rights and preferences around how they wished to live their lives.

Residents had comfortable accommodation. Each had their own separate house,

which ensured that residents could enjoy privacy. Their homes were nicely furnished and were personalised to each person's taste

The provider had developed a Charter of Rights, and staff had signed declarations to confirm that this had been explained to residents.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ivy Court OSV-0008636

Inspection ID: MON-0041954

Date of inspection: 06/06/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Monthly auditing tool to be reviewed to include a section on updates to written policies, required updates to contract of care and residents guide this will be completed by the 31st July 2024.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contract of care to be reviewed to make it is service specific and provides clear details for each resident on what is provided by the service provider by the 31st July 2024.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The following Schedule 5 policies are currently overdue review	

- Food Safety
 - Recruitment and Selection
 - Garda Vetting
 - Education policy for children in respite services
- The above policies will be reviewed and available in services by the 30th September 2024.

All other policies including risk management and personal possessions have been reviewed and are available in the service.

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:
 The contract of care will be updated and reviewed to reflect service specific details. It will also clearly document services provided to each individual resident. The residents guide will be updated to include the terms and condition of residency. Once both documents have been reviewed and updated the documents will be discussed as part of a keyworker meeting with both residents and re-signed by both by the 31st July 2024.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The washing machine/dryer will be moved from its current location to the shed in the back garden. This will be completed by the 30th September 2024.

 Fire drill when residents are both asleep will completed before 30th September 2024 this has been discussed with staff at a team meeting.

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 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	31/07/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2024
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that	Substantially Compliant	Yellow	31/07/2024

	resident and, where appropriate, the fees to be charged.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/09/2024