



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area M
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	25 February 2025
Centre ID:	OSV-0002740
Fieldwork ID:	MON-0046462

About the designated centre

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

This centre is a bungalow on a large site in a rural setting with easy access to a large town. It has four bedrooms, one used by staff and three available for residents to use, two of which are en-suite. There is an open plan kitchen-dining room and living space. The rear of the house has a large fenced enclosed garden to lawn and to the front of the house is a large lawn and orchard. It can provide full time residential support services for three individuals although currently only two individuals live here. There is a strong focus on promoting skill building and independence within the home and community. The service strives to ensure that the individuals lead fulfilling lives and develop real connections within their local community. This centre provides a full time residential support service for two individuals which is based on the social model of support. Staff working in the centre consist of a combination of social care and support workers and there is a waking night staff in place for night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 February 2025	09:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to examine the provider's compliance with the regulations. As part of the inspection process, the inspector met with both residents who availed of this service. The inspector reviewed aspects of two personal plans including health, medications, personal development and risk management. In addition, the inspector also reviewed the support residents received with their finances, fire safety and incidents which were recorded over the previous year. The centre's staffing arrangements were also reviewed and the inspector met with four staff, including the person in charge, two care support workers and a previous manager of the centre. Although residents enjoyed a good quality of life, this inspection highlighted that significant improvements were required in relation to supporting a resident with their finances.

Residents who used this service had high support needs in regards to mobility, personal care, nutrition, social access and safety, and in general, residents required assistance with many aspects of their day-to-day lives.

The centre was located in the country side and within a short drive of a large town in the midlands. It was a detached single-storey property which had a very pleasant feel and it was home to two full-time residents. The centre was large and homely in nature. Both residents had their own en-suite bedrooms which were warm, comfortably furnished and individually decorated. Residents had the use of a large open plan kitchen/dining and living area and also a separate relaxation room. Residents had free access to all communal areas of their home and pictures of residents enjoying events and social outings were displayed throughout. There were some maintenance issues which the provider was aware of in regards to the general upkeep of the property, but overall the inspector found the centre met the residents' needs.

The inspection commenced in the morning as residents were preparing for the day ahead. Two staff were on duty and they explained to the inspector had one resident reacted better to a calm and quiet environment. It was clear that both staff had a good understanding of each resident's care needs and they chatted freely about their general health, care preferences and how they liked to spend their time. Both staff had a good rapport with residents and the inspector observed that residents were used to, and comfortable in their presence.

Both residents were at the kitchen table following their breakfast and staff explained that one resident was preparing to go to an appointment. Staff stated that both residents had lived together for a number of years and that they got on very well together. Residents went out together most days and on the morning of inspection staff indicated that one resident planned to go for a walk while the other attended their appointment. The resident who planned to go for a walk did not enjoy crowds, noise or busy environments. Staff stated that they enjoyed the fresh air and the quieter things in life such as picnics, barbecues, listening to the favourite music, day

trips and visits from their family. The other resident preferred being busy and they loved going to their favourite ethnic and local restaurants, shopping and visiting the barber.

In the past, the staff had trialled expanding both residents social experiences by going to a concert and a local sporting event; however, neither resident showed much interest in either event. Both residents had an integrated service, whereby they received both residential and day supports from the centre. The provider had identified that residents would benefit from some exploratory work with regards to personal development and the centre's person in charge indicated that this would be part of the resident's scheduled individual planning meeting.

Although, care in the centre was generally held to a good standard, there were significant deficits found in regards to financial supports for resident who required full support in this area of care. The provider had a system in place to support residents with their spending. Records of all cash and cashless transactions were maintained; however, the inspector found that the daily practices and oversight of this resident's spending required improvement. In the weeks prior to this inspection, the provider had sanctioned the resident could purchase bathroom fixtures and bedroom furniture. This was not in line with the contract issued to the resident in relation to the provision of services, or the centre's resident's guide, both of which clearly stated that furniture would be provided.

Overall, this was a pleasant centre in which to live and residents enjoyed a good standard of care, community access and support; however, significant issues in regards to the support a resident received with their spending did impact on the overall quality of the service.

Capacity and capability

This inspection was facilitated by the centre's person in charge who had been recently appointed. The centre's previous person in charge also attended for the duration of the inspection. The inspector found that many aspects of care were held to a good standard and residents were supported by a familiar and consistent staff team. However, significant improvements were required in regards to the practice and oversight of financial supports offered to one resident. In addition, the centre had not fully operated within the conditions of this resident's contract of care. These issues will be discussed in the subsequent sections of this report.

The provider had completed all required audits and reviews which found that a good level of care and support was offered. Through these audits, the provider had identified whereby adjustments were required to healthcare planning and the provision of resident's personal development, with the aim of improving the service.

Although, oversight arrangements were in place, support with regards to the provision of financial support required improvements. A recent financial audit had

not occurred as scheduled and the inspector found poor practice in regards to money which was spent on the resident's behalf. For example, items such as furniture and bathroom fittings, which should have been provided as per resident's contract of care were purchased by the resident without suitable consideration given to the suitability of these purchases.

Resources which were implemented were in line with residents' collective needs and reflected the level of independence within the centre. The governance structure also ensured that there was a leadership and management was available throughout the working week and local out-of-hours management cover was in place for evenings, nights and weekends.

The inspector met with two full-time staff members who were on duty. The inspector observed that both residents were at ease in their company and they enjoyed interacting with them. Both staff members discussed the general care of residents and it was clear that they had a good understanding of their social, personal and health support needs. They explained that a mandatory and refresher training programme was readily available to them and the centre's person in charge managed their training needs.

Overall, the inspector found that this centre had a person-centred approach to care and that many aspects of care were generally held to a good standard; however, the oversight of spending on residents behalf required improvements.

Regulation 15: Staffing

The provider ensured that the centre was well resourced in terms of staffing supports. Residents' assessed needs indicated that they required a high level of support and a review of the centre's rota indicated that staffing resources were consistently delivered. The centre was resourced with two staff during daytime hours and residents were supported by one waking night staff during the night.

Staff who met with the inspector had a good understanding of the residents' needs and it was also clear that they had a good rapport with them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory training and refresher training programme in place which assisted in ensuring that staff could support residents with their individual care needs. Staff had received training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern.

Staff members also attended scheduled supervision sessions and team meetings were held on a regular basis, These arrangements ensured that staff had a platform to discuss the delivery of care and any concerns or issues which they may have.
Judgment: Compliant
Regulation 23: Governance and management
<p>The provider had recently appointed a new person in charge who held responsibility for the overall provision of care in the centre. They attended the centre throughout the working week and they were in the process of getting to know the residents' needs and associated services.</p> <p>The provider had completed all required reviews and audits of care as required by the regulations. The findings indicated that a good quality service was offered to residents in a safe and suitable environment. Management of the centre also had a range on internal audits in place for the day-to-day monitoring of care which assisted in ensuring that many aspects of care were held to a good standard at all times.</p> <p>Although there were oversight arrangements in place, these arrangements failed to ensure that a resident's finances were appropriately used at all times. For example, a resident's finances were used to purchase bedroom furniture and bathroom fittings which was not in line with a resident's contract of care and the centre's residents' guide in regards to the provision of furniture. In addition, the resident's funds were also used to purchase equipment to prepare their food.</p>
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
<p>The provider had contracts of care in place for residents who lived in this centre. The contracts of care set out the fees which they would be charged and gave an account of the facilities and services which would be offered in return.</p> <p>A contract which was reviewed by the inspector clearly stated that furniture would be supplied in this centre; however, a resident had recently purchased bedroom furniture and bathroom fittings. The inspector found that this was not in line with their contract of care.</p>
Judgment: Not compliant

Quality and safety

This inspection highlighted that residents enjoyed good social access and that their health and well being was promoted. Residents also enjoyed each others company and they were supported by a staff team who knew their needs well. Although residents' wellbeing was promoted, this inspection also identified that considerable improvements were required in relation to supporting a resident with their finances.

Residents who used this service had high support needs, and they needed assistance of staff in maintaining their safety, personal care, nutrition and to meet their social needs. Residents also required full support in relation to managing their finances. The provider had a system in place for recording all financial transactions. A review of this system indicated that residents had good social access, and it also showed that bedroom furniture and bathroom fittings had been purchased on a resident's behalf. The inspector found that a resident's family member had been informed of these purchases; however, records of the consultation did not give sufficient detail in relation to the purchase of the bathroom fittings, or the costs which the resident will incur.

The inspector also found that there was poor practices relating to some additional purchases made on the resident's behalf. For example, a food processor, which was a requirement of their care was purchased from their funds. On closer examination, the inspector also found that the resident incurred additional costs relating to the installation of the bathroom items which are mentioned above.

Although financial support in the centre required significant review, residents enjoyed a good quality of social life and they were out and about on the day of inspection. Financial records reviewed, indicated that residents were generally out in their local community each day and they often attended restaurants, shops and some farm food shops. The staff on duty also explained that a resident had recently gone on their first hotel break which was a major achievement for them. Staff explained that it had taken considerable planning to make it a success and they felt that the resident benefitted greatly from this experience. Both staff explained that they were planning another hotel break for this year, with the finer details for discussion at the resident's upcoming planning meeting.

Overall, this centre was a pleasant place in which to live and it was clear that the residents' wellbeing was to the forefront of care; however, poor practice and oversight of financial supports offered to residents had detracted from the overall quality of the service.

Regulation 11: Visits

Residents were well supported to receive visitors and staff explained that resident's

families regularly came to visit. There were no restrictions in relation to visiting the centre and there was an ample number of reception rooms for residents to meet with their family in private if they wished.

In addition, one resident also meet up with friends throughout the year at a hotel and staff reported that they really enjoyed these catch-ups.

Judgment: Compliant

Regulation 12: Personal possessions

Residents who used this service had high support needs and required support with spending and managing their finances. Due to their care needs, robust financial practices and oversight of spending was required to ensure that all money spent on a resident's behalf was appropriately used.

In this centre, large purchases for one resident, such as bathroom fittings and bedroom furniture were sanctioned by the provider even though this was not in line with the resident's contact of care or the general guide issued to residents.

Although, a family member had been consulted in regards to the bedroom furniture, records of the consultation did not detail the exact amount of money which would be required or the additional purchase of bathroom fixtures. Furthermore, consideration was not given to the fact that the bathroom items were fixed and the resident would not be able to take them with them should their home no longer meet their needs or if they decided to move from this centre.

In addition, the inspector observed some poor day-to-day spending practices for one resident, with a resident's finances not always appropriately used. For example, a food blender, which was a requirement of their care, were purchased from their funds, as were hardware items required for the installation of a sink in their bathroom.

Judgment: Not compliant

Regulation 13: General welfare and development

Residents had good access to their local community and they were out and about on the day of inspection. Staff reported, and documentation showed that residents enjoyed meals out, shopping and going to local attraction sites and areas of interest.

Residents also participated in tasks in their home which were in line with the needs. One resident helped with their laundry and also watered flowers and plants during the summer months. Staff reported that they also participated in local fund raising

events which supported their involvement with the surrounding community.

The provider had identified in the centre's most recent audit, that further exploratory work in regards to personal development was required and the person in charge indicated that this aspect of care would be examined at each resident's upcoming annual review of care.

Judgment: Compliant

Regulation 20: Information for residents

The provider had produced a residents' guide which met the requirements of the regulations and outlined the services and facilities which would be provided in the designated centre. This document was readily available in the centre and reviewed on an annual basis.

This document stated that furniture would be provided; however, the provider failed to ensure that the centre operated in line with this guide as a resident had purchased their own bedroom furniture. Although, a member of the resident's family had been consulted, the provider failed to demonstrate the arrangements which were in place to discuss these purchases with the resident.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The safety and well being of residents was actively promoted in this centre. The provider had a reporting system in place for the recording, monitoring and responding to accidents and incidents in the centre.

The person in charge maintained responsibility for the oversight of incidents and they conducted scheduled audits of this system to monitor for negative trends in care. A review of recorded incidents indicated that there were no negative trends of concern and that all events were responded to in a prompt manner.

The provider had procedures for the oversight of known risks and comprehensive risk assessments had been drawn up by the person in charge for issues which had the potential to impact upon individual residents and also the provision of care. Centre based risks in relation to fire safety, lone working and safeguarding were in place and reviewed on at least an annual basis. Individualised resident risk assessments were compiled for known issues such as falls, medical conditions and nutrition. These were also reviewed on at least an annual basis or more frequently, if required.

A review of all risks in the centre indicated that this area of resident care was well

managed and promoted residents' safety.
Judgment: Compliant
Regulation 28: Fire precautions
<p>The provider had fire alarm systems, emergency lighting and fire extinguishers installed. This equipment had a completed service schedule in place and staff were also completing daily, weekly and monthly fire safety checks to monitor for potential faults or fire safety issues. Two fire doors were not functioning properly on the day of inspection; however, maintenance personnel attended the centre prior to the conclusion of the inspection to rectify this issue.</p> <p>Staff members had undertaken fire safety training and a schedule of fire drills was in place to ensure that both residents and staff could evacuate the centre in the event of a fire. A record of these fire drills indicated that staff were proficient in the use of evacuation equipment and that both residents and staff could leave the centre quickly in the event of an emergency.</p>
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
<p>The provider had suitable storage in place for prescribed medications. Medicinal products were held in a designated locked press and the keys for this press were securely stored. A review of medications administration practices also indicated that everyday medicinal products were administered as prescribed.</p> <p>The residents were prescribed some medication in liquid form. Improvements were required to ensure that all associated medicinal products were labelled and that prescription sheets clearly stated the prescribed dosage.</p> <p>In addition, further clarity was required in regards to an as required protocol for the administration of a rescue medication, to ensure it was reviewed by a relevant medical professional.</p>
Judgment: Substantially compliant
Regulation 6: Health care
The health and well being of both residents was actively promoted by the provider

and each resident had an identified general practitioner (GP).

One resident found attending healthcare professionals and attending medical procedures difficult. This was a known issue which had been risk assessed by the provider. They were however well monitored for known health conditions and the centre's management was in regular contact with relevant medical professionals. The provider had also identified that this service required formal healthcare plans and the centre's management indicated that a review of this area of care was underway.

The remaining resident had no issues in regards to attending their GP for regular check ups and also in times of illness. They also attended an orthotic appointment on the day of inspection and they had regular involvement from allied health professionals.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans required in this centre on the day of inspection. Staff reported that residents had lived together for a number of years and they got on really well with each other.

Staff had completed both mandatory and refresher safeguarding training and information in relation to safeguarding procedures was clearly displayed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had good access to their local community and they were actively consulted in regards to the operation of their home. Staff had undertaken human rights training and the provider had advocacy arrangements in place should it be required.

The inspector observed that staff treated residents with dignity and respect. They sought the residents thoughts and opinions throughout the course of the inspection and overall, it was clear that residents' rights were promoted in everyday work practices.

Although many aspects of residents' rights were promoted in this centre, there were fundamental issues in regards to the consultation process for the use of a resident's finances. In addition, and as mentioned throughout this report, the provider failed to

demonstrate that a resident's finances were appropriately used at all times.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Living Area M OSV-0002740

Inspection ID: MON-0046462

Date of inspection: 25/02/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">- Decision Making Framework will be put in place which will ensure that evidence of the reason for and consultation/discussion around proposed purchases that are for a large amount will be required to be submitted with Payment Requests from residents finances going forward. Will be completed 30/04/2025- Area Director discussed Residents Finances, spending and personal possessions in line with Organisational policy, the residents guide, contract of care and HSE guidelines for PPPA spending at PIC monthly meeting held on 26/02/2025 to ensure learning shared with other managers.- Information sessions will be provided to staff team around Residents Finances, spending and personal possessions in line with Organisational policy, the residents guide, contract of care and HSE guidelines for PPPA spending. Will be discussed at Team Meeting on 20/03/25 and full session completed at April team meeting 30/04/25.- Information session will be completed by all PICs with teams to ensure learning across all services. Will be completed by 30/06/25- The Residents Guide will be reviewed and amended to ensure clear information is provided to resident's in regards to the provision of furniture. Completed by 15/04/25.- Resident will be refunded for all relevant items as detailed in the report by 11/04/25.	

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> <ul style="list-style-type: none"> - The provider will ensure that residents do not make purchases that are not in line with the Contract of Care through the actions identified in Regulations 23, 12, 20 and 9 throughout this compliance plan. Will be completed by 30/04/25 	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> - Decision Making Framework will be put in place which will ensure that evidence of the reason for and consultation/discussion around proposed purchases that are for a large amount will be required to be submitted with Payment Requests from residents finances going forward. Will be completed 30/04/25 - Area Director discussed Residents Finances, spending and personal possessions in line with Organisational policy, the residents guide, contract of care and HSE guidelines for PPPA spending at PIC monthly meeting held on 26.02.2025 to ensure learning shared with other managers. - Information sessions will be provided to staff team around Residents Finances, spending and personal possessions in line with Organisational policy, the residents guide, contract of care and HSE guidelines for PPPA spending. Will be discussed at Team Meeting on 20/03/25 and full session completed at April team meeting 30/04/25. - Information session will be completed by all PICs with teams to ensure learning across all services. Will be completed by 30/06/25 - The Residents Guide will be reviewed and amended to ensure clear information is provided to resident's in regards to the provision of furniture. Completed by 31/03/25. - Resident will be refunded for all relevant items as detailed in the report by 11/04/25. - In the event of a resident wishing to make large purchases arrangements will be in place to demonstrate consultation, discussion and evidence of the residents will and preference in their choices. Will be completed by 30/04/25 	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> - The Residents Guide will be reviewed and amended to reflect the fact that furniture is provided in line with residents assessed support needs however, if residents wish to purchase personalised furniture in line with their style, will and preference they have the option to do so. Will be completed 31/03/25 - In the event of a resident wishing to make large purchases a Decision Making Framework will be in place to demonstrate consultation, discussion and evidence of the residents will and preference in their choices. 30/04/25 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> - Pharmacy were contacted and label obtained for identified medication. Completed 26/02/25 - Prescription sheet was amended to state the prescribed dosage. Completed 26/02/25 - All medications will be checked on delivery to ensure correct labels are in place. Completed monthly on delivery. - Rescue Medication Protocol has been reviewed to provide clarity in the administration of the rescue medication by a relevant medical professional in line with Muiriosa Organisational Policy. Completed 04/03/25 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - While there was a consultation process in place for some purchases it is acknowledged that it was not comprehensive or robust. This process will be reviewed and Decision making Framework implemented to ensure that the use of resident's finances are in adherence to the Contract of Care, Organisational Policy and HSE Patient Private Property Guidelines where appropriate so that in the event of a resident wishing to make large purchases arrangements will be in place to demonstrate consultation, discussion and evidence of the residents will and preference in their choices. Will be completed 	

30/04/25

- In addition all actions identified under Regulation 23 will support compliance in this regularion also. Completion dates as per Reg 23

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/04/2025
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	30/04/2025
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'	Substantially Compliant	Yellow	30/06/2025

	needs, consistent and effectively monitored.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/04/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	04/03/2025
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	Substantially Compliant	Yellow	30/04/2025

	<p>participates in and consents, with supports where necessary, to decisions about his or her care and support.</p>			
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