



# 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:	Announced
Date of inspection:	30 August 2022
Centre ID:	OSV-0002740
Fieldwork ID:	MON-0028524

## 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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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 30 August 2022	10:30hrs to 16:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents were assisted to enjoy a good quality of life and that they were supported by a staff team who delivered care in kind and person centred manner. This inspection identified some areas of care which required some attention; however, overall residents enjoyed living in this centre.

The centre was warm, bright and inviting and had a real sense of home. It was located on the outskirts of a large town in the midlands and residents had the use of suitable transport in order to access local services and amenities. The centre was a large single storey building which was adapted to meet the needs of residents with reduced mobility. There were several wheelchair accessible entrances, and doorways and hallways were wide and spacious to facilitate free access for wheelchair users. Two residents were availing of this residential service on the day of inspection and both residents had their own bedroom, each of which had an ensuite facility. The communal areas of the centre were very homely in nature and decorations were up as a resident celebrated a birthday on the day prior to the inspection. Residents had access to a large open plan kitchen, living and dining area and one resident had their own sensory room which they were enjoying as the inspection commenced. One resident really enjoyed the outdoors and they had their own heated garden gazebo which staff reported that they frequently used throughout all seasons.

This was an announced inspection and as the inspection commenced residents were preparing for the day ahead. One resident sat and relaxed in their own car and one resident was enjoying a sensory session with a staff member. Staff were warm and caring when interacting with residents, who appeared comfortable and relaxed in their company. Staff members were observed to converse with residents in soft tones as they explained what they were doing and also if they required any assistance with meals or drinks.

Residents who used this service had high support needs and they interacted with the inspector on their own terms. Through observation and reviewing documentation it was clear that residents' welfare and wellbeing were to the forefront of care and they were actively informed in regards to the operations of their home. Residents attended weekly keyworker sessions in which topical issues were discussed such as aspects of infection prevention and control (IPC), COVID-19 vaccinations and day-to-day issues such as activities and meals. As part of the inspection process the residents had completed questionnaires on their thoughts and feelings towards the service with a family member completing one questionnaire on behalf of their sibling. Both questionnaires were highly complementary of the service and indicated that staff were very welcoming and that their sibling enjoyed a very happy life in this centre.

A staff member met with the inspector for a period of time and they were found to have a good understanding of each resident's individual care needs. They explained how residents communicate and also their preferences in regards to food and drinks

including the implementation of modified diets. They also clearly explained how each resident liked to pass the time including how one resident did not enjoy busy environments and that they preferred being outdoors for walks and picnics. They also explained that the other resident enjoyed peoples company and they were planning to meet some old friends later that day for coffee.

The inspector found that residents enjoyed living in this centre and that their wellbeing was to the forefront of care. Although there were several areas of care which required attention, overall the centre was a pleasant place in which to live and both residents were supported by a staff team who were knowledgeable of their needs and committed to the delivery a good quality service.

## Capacity and capability

The inspector found that the governance and management arrangements promoted residents' welfare and ensured that they enjoyed a good quality of life. However, some improvements were required in regards to the centre's statement of purpose and also in relation the provider's application to renew the registration of this centre. Improvements were also required in regards to the purchase of a vehicle which was made on behalf of a resident to ensure that there were appropriate agreements in place between all parties involved.

This was an announced inspection to monitor the quality and safety of care which was provided to residents. The provider had also made an application, as detailed in the regulations, to renew the registration of this centre. This application was submitted within the prescribed timeline and all required documentation had been included. However, documents, including the centre's statement of purpose and the resident's guide which were reviewed as part of the inspection were found not to meet all the requirements of the regulations. The centre's floor plans were incorrect and the provider's initial application also required adjustment as it did not include an accurate number of residents which the centre could accommodate. This was brought to the attention of the provider who indicated that these documents would be revised promptly following this inspection.

The person in charge facilitated the inspection and they were found to have a good understanding of the residents' needs and also of the services and supports which were in place to meet those needs. They held responsibility for three designated centres in total but it was clear that they attended the centre on a weekly basis and they were in regular contact with the staff team. The inspector found that in general, the care and support which was offered to residents was held to a good standard and the person in charge had a range of audits in place to ensure that this standard was promoted and maintained. The provider had also completed the centre's six monthly audit and annual review which provided additional oversight of care practices. The centre's annual review was very much resident focused and clearly set out to examine how day-to-day life was for residents. It took into account

both observations of care and also staff knowledge. The review also examined residents' representatives thoughts on the service with some very positive examples given in regards to the care which was provided. There was also an action plan in place which identified that some improvements were required; however, overall the review gave a positive account of the care which was provided.

The provider had ensured that the centre was well resourced in terms of staffing. Both residents were supported individually by a staff member during daytime hours and there was one night-duty staff also in place. The provider also ensured that staff were trained to assist residents with their needs with all staff having completed relevant training to support residents with modified diets and also in the administration of rescue medication. Mandatory training in areas such as safeguarding, fire and medications had also been completed. Some improvements were however required as the action from the previous inspection had not been fully implemented with outstanding training in regards to first aid required by some staff members.

As mentioned above, a resident was supported to purchase a vehicle, the details of which, will be discussed in the subsequent section of this report. The inspector found that although the resident had purchased this vehicle, the ownership had been transferred to the registered provider to ensure that staff members were insured to operate this vehicle on behalf of the resident. The provider also assumed responsibility for the vehicle's road worthiness and servicing. Although this arrangement was in place to ensure that the resident could safely use this vehicle, there were no formal agreements in place which set this arrangement and the provider's responsibilities. Furthermore, there was no additional agreement in place should the resident wish to sell their vehicle.

The centre's staff rota was also appropriately maintained and indicated that residents were generally supported by a familiar staff team. The person in charge also scheduled regular supervision sessions with individual staff members which facilitated them to raise concerns in regards to care practices. Scheduled team meetings were also occurring which ensured that the staff team were kept up-to-date with developments in care practices including IPC and public health guidance.

Overall, the inspector found that the provider operated a centre which promoted the welfare and wellbeing of residents and the oversight arrangements which were implemented ensured that care was maintained to a good standard at all times.

## Registration Regulation 5: Application for registration or renewal of registration

The provider was aware of their responsibilities in regards to renewing the registration of this centre and all prescribed information had been submitted within the required timelines. Although all information had been received as required, some documentation required amendments as they did not meet the requirements of the regulations, these documents included the application to renew the registration, the

centre's floor plans and the statement of purpose and also the residents' guide.

Judgment: Substantially compliant

### Regulation 15: Staffing

The provider had resourced the centre with adequate numbers of staff to meet the assessed needs of residents. Staff who met with the inspector had a good understanding of residents' needs and they were kind and caring in their approach to care. The centre's rota also indicated that residents were supported by a familiar staff team which promoted continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training and development is an integral aspect of providing services to residents in designated centres. A programme of training assists in ensuring that residents are supported by staff who can support and meet their needs. The provider had a training and refresher programme in place and staff had completed mandatory training in areas such as safeguarding, fire and medications. However, an action from the previous inspection of this centre had not been completed with some staff members requiring additional training in first aid.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had completed all required audits and reviews and the person in charge attended the centre on a regular basis. The person in charge also had a range of internal audits in place which provided additional oversight of care and assisted in ensuring that practices within the centre were maintained to a good standard. However, this inspection showed that several areas of care required adjustment including personal possessions. In addition, the provider had not implemented all actions from the previous inspection and there were deficits in the application to renew the registration of this centre. Furthermore, there were no agreements in place between the provider, a resident and their representatives in regards to the purchase of a vehicle and the subsequent servicing, insurance, road worthiness and potential sale of this vehicle in the future.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had produced a statement of purpose which outlined the care needs which the centre could meet and also the resources and facilities which were provided to meet those needs. The statement of purpose was also reviewed as required by the regulations and a copy of this document was freely available in the centre. However, some improvements were required to this document as it did not meet all the requirements of the regulations.

Judgment: Substantially compliant

### Quality and safety

Residents who availed of this service enjoyed a good quality of life and they were supported by a staff team who had a good understanding of their care needs and who also promoted their community inclusion. In general, the care which was provided was maintained to a good standard; however, several areas of care including personal possessions, medications, personal planning and healthcare required further examination to ensure that they were fully compliant with their relevant regulations.

Both residents who used this service enjoyed a good quality of life and they shared a trip out together on the day of inspection. One resident planned to go for a walk and the other resident was meeting old friends for a coffee in a hotel. The staff team explained how residents, prior to the onset of COVID-19, had been members of local GAA and walking clubs. A resident also completed sponsored charity walks and they used their car to delivery meals to needy families in another charity drive. It was clear to the inspector that the actions taken by the staff team ensured that residents were well known in their locality and valued members of their local community.

Residents had a good quality of life and on the day of inspection they were out and about in their local community. The person in charge explained that residents required assistance with their financial affairs, including the purchasing of personal items. There was robust oversight of resident's personal spending with daily and bi-monthly financial audits occurring. The person in charge also had a clear understanding of the daily checks completed by staff and a review of these checks revealed that staff were providing good oversight of all purchases both through the use of cash and also for online shopping. However, through review of these finances it became apparent that residents' main finances were held in a central account which was operated by the provider and not in an account which was in each

resident's individual name. The person in charge ensured that robust oversight of this arrangement was in place and there were no deficits noted in resident's wishes to purchase items. In addition, the provider explained that they had experienced difficulties in supporting residents to open their own financial accounts, this arrangement was not in line with the regulations.

The person in charge and the staff team had an indepth knowledge of resident's individual preferences in regards to care and they explained that one resident had a love of cars and they really enjoyed travelling around and also sitting in stationary cars. The designated centre provided transport; however, following consultation with the resident's representatives a decision was made that the resident might like their own car. Following this decision, a car was purchased using the resident's finances. Although it was clear that there was a consultation process with the resident's representatives and this purchase was in the best interests of the resident, the provider failed to demonstrate how the resident was consulted and if an independent advocate was sought to enhance the resident's experience of purchasing their own vehicle. Furthermore, the ownership of the vehicle did not remain with the resident following this purchase.

Residents had good access to medical professionals in times of illness and also for routine health checkups. A review of records indicated that residents regularly attended physiotherapy, mental health clinics and their general practitioner. A referral had also been made to a medical consultant in regards to a change in a resident's health status. Residents were supported by healthcare planning which guided staff in regards to their care needs. These plans gave a good insight into the care provided; however, they did indicate that some adjustments were required to ensure that staff were well guided in supporting residents with epilepsy and that the monitoring of the recommended fluid intake for one resident was appropriately maintained.

The inspector found that residents were supported to enjoy a good quality of life but improvements were required in several areas of care which were provided. However, improvements in these areas of care would further build upon the many positive examples of care which were noted on this inspection.

## Regulation 11: Visits

Residents were actively supported to have visitors and a review of documentation indicated that residents regularly met up with their respective families. The centre also had ample room for residents to receive visitors in private and the questionnaires which were completed as part of this inspection highlighted that the centre was a very welcoming environment. A goal for one resident included that they were supported to send photographs to family member and notes on the progress of this goal highlighted how the family member was delighted to receive these photographs.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that residents were well supported in regards to the day-to-day management of their finances and the staff team maintained a record of resident's personal belongings. However, this inspection highlighted that the provider was not inline with the regulations as residents' finances were paid into a financial account which was not in the name of the resident and the inspector found that this arrangement impacted on the residents' ability to freely access their finances.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Community access and inclusion is in integral aspect of care which is provided in community based designated centres. It was clear from this inspection that both residents were well supported to have daily access to community based activities which they enjoyed. The were also assisted to join local clubs and their voluntary work meant that they had a positive contribution to the locality.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were ample supplies of foods and snacks and the staff team clearly explained each resident's dietary preferences including the recommendations for residents who were assessed as requiring modified diets. There was also detailed guidance in this area of care and modified diets were subject to review when required.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had produced a resident's guide which was in an easy-read-format and readily available to in the centre. However, this document did not contain all

prescribed information as set out in the regulations.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Robust risk management procedures are a vital component in promoting the quality and safety of care which is provided to residents. The provider had an incident management system in place to identify and respond to events in the centre which may impact on the safety of both residents and staff members. The person in charge maintained responsibility for monitoring incidents and a review of associated records indicated that incidents were reviewed in a prompt manner. The person in charge also maintained risk assessments in response to safety concerns such as safeguarding, fire and IPC. These assessments were found to be comprehensive and reviewed on a regular basis.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was clean and the person in charge had identified areas of the premises which required additional maintenance. Staff were completing daily cleaning of the centre and a staff member who met with the inspector had detailed knowledge of the cleaning and disinfection procedures which were in place. The provider also had contingency planning in place for in the event of a COVID-19 outbreak and both the staff team and the person in charge had detailed knowledge of these plans which assisted in promoting residents' health and wellbeing.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider maintained accurate records of all administered medications and residents had been assessed to manage their own medications. There was also detailed care plans in place for the administration of rescue medication and staff who met with the inspector had clear knowledge of these plans and the recommendations when administering this medication. All staff had also undertaken medication administration training. Some improvements were required in regards to medication prescription sheets as the recommendation to crush two named

medications were not included.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which clearly outlined their individual care needs and also their preferences in terms of receiving support for these needs. Residents were also assigned keyworkers to keep them informed and include them in the running and operation of their home. Keyworkers also assisted residents with achieving personal goals; however, some improvements were required in this area of care as the provider was unable to demonstrate how residents were actively involved in choosing their own goals.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to medical professionals and it was clear that their health and wellbeing was actively promoted. Care planning was promoted which assisted in ensuring that a consistent approach to care was offered. However, one resident was prescribed a restricted fluid intake and associated healthcare notes indicated that this was inconsistently achieved. Furthermore, additional information was required in relation to epilepsy care plans to ensure they accurately described how a resident may present when requiring the administration of rescue medication.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The centre was a pleasant place in which to live and upon entering the premises it was clear that it was a very warm and welcoming environment. Decorations remained in place from a resident's birthday party which occurred prior to the inspection and overall the inspector found that residents enjoyed living in this centre. They were actively consulted in regards to the operation of their home and they were supported by a well-informed staff team.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area M OSV-0002740

Inspection ID: MON-0028524

Date of inspection: 30/08/2022

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <ul style="list-style-type: none"> <li>• The provider has made amendments to the centre's floor plans and has submitted the updated floor plans to Renewal Registration. Action completed: 01/09/2022</li> <li>• The provider has made adjustment's to the maximum number of residents which can be accommodated at the centre and has submitted the amendments to renewal registration. Action Completed: 01/09/2022</li> <li>• The person in charge will review and update the statement of purpose and function and the residents guide in consultation with the Area Director and Regional Director. Proposed date for completion: 14/11/2022</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The person in charge has compiled a training schedule of first aid training for staff who have not completed the training. Proposed date for completion: 31/12/2022</li> </ul>	

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"> <li>• The Person in Charge will schedule a meeting with the local banks and credit union to support the residents to discuss the option of opening their own bank/credit union account.</li> </ul> <p>Proposed date for completion: 30.11.22</p> <ul style="list-style-type: none"> <li>• The Person in Charge will request an information session for residents and staff to be completed by an advocate from the National Advocacy Service, to seek clarity on the criteria for an appropriate referral.</li> </ul> <p>Proposed date for completion: 30.11.22</p> <ul style="list-style-type: none"> <li>• The provider has made amendments to the centre's floor plans and has submitted the updated floor plans to Renewal Registration. Action completed: 01/09/2022</li> <li>• The provider has made adjustments to the maximum number of residents which can be accommodated at the centre and has submitted this to renewal registration. Action Completed: 01/09/2022</li> <li>• The person in charge will review and update the statement of purpose and function and the residents guide in consultation with the Area Director and Regional Director. Proposed date for completion: 14/11/2022</li> <li>• The Provider will complete a Memorandum of Understanding which will outline the agreement between the resident and their representatives, regarding the purchase of the vehicle, servicing of the vehicle, responsibilities regarding car insurance and the potential sale of the vehicle in the future. Action Completed: 30.10.22</li> </ul>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>• The person in charge will review and update the statement of purpose and function in consultation with the Area Director and Regional Director.</li> </ul> <p>Proposed date for completion: 14/11/2022</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• The Person in Charge will schedule a meeting with the local banks and credit union to support the residents to discuss the option of opening their own bank/credit union account.</li> </ul> <p>Proposed date for completion: 30.11.22</p>	
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"> <li>• The person in charge will review and update the residents guide in consultation with the Area Director and Regional Director.</li> </ul> <p>Proposed date for completion: 14/11/2022</p>	
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"> <li>• The Person in charge has completed a review of the medication prescription sheets and changes have been made to address the gaps identified in accordance with the organisations policy.</li> </ul> <p>Action completed: 31/08/2022</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• The Person in Charge will ensure the residents are supported to choose their own goals. This will be facilitated through an experiential process, where residents will trial different activities. The residents will be offered activities in a number of different ways to support with the decision making process. Through this process the residents will be supported to choose the goal they would like to pursue. This will be ongoing as part of the person centered planning process.</li> </ul> <p>Proposed date for completion: 30/10/2022</p> <ul style="list-style-type: none"> <li>• The person in charge will implement systems to ensure that the individual review and personal plans are reviewed and updated at least on an annual basis and more frequently if required.</li> </ul> <p>Proposed date for completion: 30/10/2022</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• The person in charge has completed a protocol for monitoring of daily fluid balances. Action Completed:01/09/2022</li> <li>• The Person in charge has provided training to staff on the implementation and monitoring of daily fluid balances. Action Completed:01/09/2022</li> <li>• The person in charge has implemented a monitoring system of daily fluid balances. Action Completed:01/09/2022</li> <li>• The person in charge has reviewed the individual's epilepsy care plan and updated the plan to include an accurate description of the resident's presentation when requiring the administration of rescue medication. Action Completed:01/09/2022</li> </ul>	

## 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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2022
Regulation 12(4)(a)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the consent of the person has been obtained.	Substantially Compliant	Yellow	30/10/2022

Regulation 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Substantially Compliant	Yellow	30/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	17/11/2022
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	30/09/2022
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	30/09/2022
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	30/09/2022

Regulation 20(2)(e)	The guide prepared under paragraph (1) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	30/09/2022
Regulation 20(2)(f)	The guide prepared under paragraph (1) shall include arrangements for visits.	Substantially Compliant	Yellow	30/09/2022
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	30/10/2022
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	31/08/2022

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/10/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/09/2022