



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

## Issued by the Chief Inspector

Name of designated centre:	Brompton - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	18 May 2023
Centre ID:	OSV-0003069
Fieldwork ID:	MON-0035788

## About the designated centre

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

Brompton is a community based home for adult residents with an intellectual disability. The centre is situated in Co. Dublin within walking distance of a local village which has amenities such as shops, cafes, restaurants, and a shopping centre. The premises consists of a two-storey building with four bedrooms, two bathrooms, a kitchen-dining room, a living room and a self contained one-bedroomed apartment. Three residents live in the main part of the house and one resident in the apartment. Staff encourage residents to be active members in their communities and to sustain good relationships with their family and friends. The staff team comprises a person in charge, and social care workers. Staffing resources are arranged in the centre in line with residents' needs.

**The following information outlines some additional data on this centre.**

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 18 May 2023	10:30hrs to 17:05hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

This inspection was carried out as part of the regulatory monitoring of the designated centre. A number of key areas were reviewed to determine if the care and support provided to residents were safe and effective. These included meeting residents and the staff team, reviewing finance systems, resident meetings, fire safety documentation, and personal plans. Overall, the inspector found that the centre presented as a comfortable home and provided person-centred care to the residents. The inspector found the care and support provided to residents in the centre was effective and of a good quality. Some improvement was identified in personal planning, fire evacuation plans and within the governance systems.

The designated centre consists of a two-storey house with a self-contained apartment in a housing estate for four residents. In addition, to meeting all residents, the inspector met with staff, the person in charge and a person participating in the management (PPIM) of the centre during the inspection. There was a calm and homely atmosphere in this centre, where friendly and pleasant interactions were observed between staff and residents.

Since the previous inspection in February 2022, the maximum capacity of residents that could be accommodated had decreased from five to four residents. This was brought about by the provider's decision to decrease the number of beds that were registered. This resulted from a change in the staffing arrangements from a live night staff to a sleepover staff. There was no longer a need for staff to work at night because one resident with changing needs had relocated to a specialised service.

The staff skill mix at the time of the inspection consisted of social care workers. The person in charge and PPIM were satisfied that there were suitable staff numbers and skill mix appropriate to meet the assessed needs of residents. Residents' healthcare needs were assessed regularly, which informed the development of personal plans. Residents currently had low healthcare needs; however, they had good access to a wide range of multidisciplinary team services if required. For example, nursing care, occupational therapy, psychology and speech and language therapy.

Staff spoken to throughout the inspection demonstrated their awareness of their roles and responsibilities. They were familiar with the assessed needs of the residents for whom they were providing support. In addition, the inspector was provided with examples of preferred activities and routines of the residents living in this designated centre. Staff were observed to interact with residents in a kind and respectful way. There was a positive atmosphere in the centre, with residents observed coming and going from the centre to go to a beauty appointment, return from day services, complete desktop activities and partake in chores around the house. The inspector observed residents prepare lunch and snacks independently at times of their own choosing.

All four residents chose to speak with the inspector. The first resident had just

returned from getting their nails done and told the inspector they were on a day off from their work programme. The resident valued their role in the house of up keeping the general cleanliness of the house. The resident told the inspector they enjoyed doing their laundry and did not acquire staff support from the inspector's observations. The resident also spent some time on a large intricate jigsaw they were working on and spoke fondly of living in the house.

A second resident told the inspector that they loved living in the centre and referred to their housemates as "friends". They said they liked the staff and that they "do good work". They had no concerns but said the staff would help them if they ever had any problems. They had their favourite meals often. The resident enjoyed some household chores, but they were happy that staff completed other chores that did not interest them. They spoke about recent shows and musicals they had attended and showed the inspector a device they wore to record their steps. The inspector learned that some residents were undertaking a step challenge organised by the Health Service Executive (HSE) as a health promotion initiative.

One resident recently celebrated a milestone birthday in the house, and the resident showed the inspector pictures of their party. Caterers had been arranged, and an entertainer for the many friends and family of the resident who had attended. The resident showed the inspector their apartment, which was nicely decorated. They said they were happy with their apartment and the facilities in the centre. The inspector observed it had been repainted since their last visit. The resident told the inspector about the activities they enjoyed, such as Irish history, reading books and learning how to use their new smartphone. They spoke about their family and their plans to visit them soon. They had participated in fire drills and knew to evacuate the centre in the event of the fire alarm activating.

The inspector met a fourth resident when they had returned from day services. They went to prepare their lunch to take with them the following day as this was a routine they liked to do before relaxing for the evening. The inspector spent time with the residents watching television and it was clear that residents sought out each others company and enjoyed the presence of staff.

Two residents showed the inspector their goal planning folders and spoke about their achievements and goals. It was evident that residents had been involved in designing these folders, and looking at the photos brought back happy memories. These folders were dated 2021, and other folders retrieved showed older goals. It was unclear from reviewing documentation as to when the last annual personal centre-plan meeting had occurred.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service in this designated centre. However, some improvements were required in the effectiveness of the oversight systems and notification of all incidents.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge worked full-time, and their remit was over this designated centre and one other centre. They based themselves working between the two houses. The person in charge was suitably qualified and experienced. Their role was not fully supernumerary, so they also provided direct support to residents.

The person in charge and PPIM met frequently, and there were effective systems for the management team to communicate and escalate any issues. They were found to have a very good understanding of the residents' needs, and demonstrated a commitment to ensure that these needs were being met.

The provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Although the provider had arrangements for the monitoring and oversight of this centre, some improvements were required to the timeliness of the completion of legally mandated reviews by the provider.

Many of the staff working in this centre had done so for quite some time, and this continuity of care had a positive impact on residents as it ensured they were at all times supported by staff who knew them and their assessed needs. From time to time, this service required additional staffing resources and a panel of relief staff, who were familiar with this service and residents, were available to provide this support as and when required.

Staff could contact the PPIM in the absence of the person in charge, and there was a nurse on-call service for outside of normal working hours. Staff also attended regular team meetings, which provided an opportunity for them to any raise concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings, which reflected discussions on risk management, finances, advocacy, policies and party planning.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents. The inspector found that for the most part, staff had been provided with the provider's mandatory training and that the majority of this training was up-to-date. Supervision and performance appraisal meetings were provided for staff to support them in performing their duties to the best of their ability.

Overall, there were effective information governance arrangements in place to

ensure that the designated centre complied with notification requirements. For the most part, the person in charge ensured that incidents were notified in the required format and within the specified time frames; however, on the day of inspection, the inspector found that improvements were required to ensure all quarterly notifications were submitted.

#### Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present in the centre to meet and work with the residents and their staff team.

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there were sufficient staffing levels to meet the assessed needs of the residents. There was one staff rostered during the day and one staff at night. There was flexibility in the roster to schedule a second staff if required based on residents' activities and needs. Residents living in this house had a good levels of independence and did not require high staff support.

One staff had recently transferred to another centre resulting in a vacancy of 19.5 hours. The inspector was informed this position had been filled by a regular relief staff who was well-known to residents. The inspector found this vacancy was well managed through the person in charge and permanent staff doing extra shifts. A review of the rosters showed good continuity of care being provided to residents with a low usage of relief or agency staff. Relief staff rostered to work in this centre had worked with this resident group for many years.

Judgment: Compliant

#### Regulation 16: Training and staff development

For the most part, staff were lone workers. On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this



may be required.

Staff were supported and facilitated to access appropriate training, including refresher training that was in line with residents' needs. Areas of training, included, fire safety, safeguarding, manual handling and infection prevention and control.

Overall, staff training was up-to-date. One staff member was overdue for refresher training in the safe administration of medicines since October 2022. It was explained to the inspector places for this training course were in high demand and that the staff member was allocated a training date for June 2023.

Supervision and performance appraisal meetings were provided for staff to support them in performing their duties to the best of their ability. There was a supervision schedule in place for both houses to ensure staff were provided with these support meetings on a regular basis.

Judgment: Compliant

## Regulation 23: Governance and management

The centre had a clearly defined management structure with associated lines of authority and accountability. The person in charge was supported in their role by a PPIM, who in turn reported to a service manager. There were good arrangements for the management team to communicate, including formal meetings and sharing of governance reports.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents. Actions for improvement were monitored by the person in charge to ensure progression.

The annual review was completed in December 2022 to reflect the quality and safety of the designated centre during 2022. The purpose of the yearly review is for the provider to assess their performance against the national standards and to identify areas for ongoing improvement for the service. This review involved a visit by the quality and risk officer to the centre; therefore, the views of the residents were directly sought and reported upon. On review of the report, it did not include consultation with family representatives. While the report referred to an annual survey being sent to families, these had not been returned at the time of the report. The inspector further noted that the template used by the provider for the annual review did not align with the national standards.

The regulations state that registered providers shall carry out an unannounced visit to the designated centre at least once every six months. The previous six-month announced visit was conducted on 31 October 2022 and should have been repeated

prior to the end of April. The inspector was advised this had not occurred.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and, for the most part, had ensured that quarterly notifications were submitted as required. However, the inspector noted some injuries of a lesser nature were not submitted as part of the quarterly required returns.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them to express any concerns they may have. Complaints procedures and protocols were evident and appropriately displayed and available to residents and families. The current complaint log was reviewed on inspection, and it was noted there were no open complaints.

Judgment: Compliant

## Quality and safety

The inspector found that it was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. The inspector spoke with the person in charge, a social care worker, and the PPIM. They all spoke about the residents warmly and respectfully and demonstrated a rich understanding of the residents and commitment to ensuring a quality service for them. As previously mentioned some improvements were identified relating to the personal planning process and evacuation guidance in the centre.

The person in charge accompanied the inspector on an observational walk around of

the centre. Overall, it was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there. The communal living areas included one sitting room with sliding doors leading into a combined kitchen and dining area. While the communal areas were small, the inspector found they were nicely decorated and met the residents' needs. Residents liked spending time together; they had lived together for many years and were good friends. The inspector observed residents sitting down together to watch television programmes they followed and enjoyed regularly.

For the most part, the inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire-fighting equipment and fire alarm system were appropriately serviced and checked. Local fire safety checks took place regularly and were recorded. This inspection also found where some improvements were required to the documentation supporting fire safety in this centre. For example, residents' personal evacuation plans and the centre's fire procedure required review to ensure these documents provided clearer guidance to staff on what to do should a fire occur in this centre.

There were no active identified safeguarding issues on inspection, and residents who met with the inspector stated that they felt safe in the centre and could go to any staff member if they had a concern. All residents were observed to be relaxed during the inspection, and the centre provided residents with a pleasant environment to live in. The provider ensured that residents were supported in regard to self-care and protection by displaying safeguarding procedures in an easy-read format.

The provider had systems in place for the assessment of residents' needs and development of personal plans, to guide staff on how best to support residents. The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents and had been recently reviewed. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs, including communication abilities and preferences, personal care, healthcare and other person-specific needs. In addition, residents' personal plans demonstrated that they were facilitated and encouraged to engage in activities and their communities in a meaningful way. The inspector however did find more clarity was needed regarding the residents' assessment of need processes, and personal goal planning. This was to ensure guidance aligned with the requirements of the regulations and that residents were fully involved through informed consultation about their care and support needs.

## Regulation 12: Personal possessions

The person in charge had ensured that residents retained control of their personal property and possessions. Residents were well supported to manage to own finances and possessions. Where required, staff members maintained residents'

finances, and detailed records were in place for all financial transactions. Records of residents' personal possessions were also in place, which assisted in ensuring that their property was safeguarded. Residents who met with the inspector also indicated that they were free to spend their money as they wished.

Judgment: Compliant

### Regulation 13: General welfare and development

Along with attending day services four days a week, these residents generally lived active lifestyles, with some residents frequently accessing community facilities within the local town independent of staff support. Others enjoyed going for drives with staff, heading off on walks to local parks, attending hairdressers, beauty salons and eating out.

Family involvement was also important to many of these residents, with some often welcoming their family members into their home. Residents' personal development was also promoted through the actions of the staff team and management of the centre.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised a large two-story building close to many local amenities and services. The premises were found to be appropriate to the number of residents currently living in the centre.

Residents spoken with told the inspector that they were very happy with their home, including their bedrooms which were nicely decorated to their tastes.

Since the previous inspection the inspector observed new flooring in bedrooms and downstairs communal areas. New couches, tables and chairs had been purchased with residents input.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety systems, however

some improvements were required.

The fire panel was addressable and easily accessed in the hallway. The inspector observed that a sample of the fire doors, including bedroom doors and the kitchen door, closed properly when the fire alarm was activated.

Staff had completed fire safety training. Fire safety was also regularly discussed at residents' meetings to support them in understanding the evacuation arrangements, and some residents told inspectors that they would evacuate in the event of a fire. Another resident had a vibrating fire-activated alarm under their pillow that would alert them in the event of a fire while they were in bed.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan. On review of these templates it was difficult to ascertain which outlined supports residents residents may require in evacuating and required review.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Under this regulation, there are specific requirements that must be adhered to in preparing, reviewing and presenting personal plans.

The inspector requested to see any policies or guidance that would guide the person in charge and staff in meeting these requirements. The only procedural document available was dated 2014 and contained limited information. The statement of purpose, an important governance document by which the provider explains how the centre is operated, is required to detail how residents' personal plans are reviewed. On reviewing this document, the inspector found it did not sufficiently detail this criterion as it merely signposted to refer back to the requirements of this regulation.

Personal plans should be informed by a comprehensive assessment of all health, personal and social needs, conducted annually at a minimum. The inspector observed this practice occurring. However, not all requirements of this regulation were met, as listed below:

- The multi-disciplinary review of the residents' personal plans did involve assessing the plan's effectiveness and taking into account changes in circumstances and new developments.
- Recommendations leading out from these reviews, including any proposed changes to the plan, the reason for these changes and names of those responsible for pursuing objectives in the plan, were not recorded.
- Personal plans had not been developed with the participation of each resident and or with their representative. In addition, the regulations require personal plans to be presented in an easy-to-read format, but the inspector was

informed that these were not in place.

- It was no clear when the last goal setting meetings had occurred with residents.

However, It was evident that the designated centre was suitable to meet the needs of residents. Person-centred care and support was provided to residents, and residents communicated their satisfaction with the support they received in their home.

Judgment: Substantially compliant

## Regulation 6: Health care

The provider had ensured that residents were provided with appropriate healthcare. Residents' healthcare needs were assessed, which informed the development of care plans. The inspector viewed a sample of the residents' healthcare assessments and plans and found them to be up to date. Where residents had requested additional or specialist treatment this was respected and acted upon.

There was evidence of attendance at National Screening programmes and medical scans in line with residents assessed needs.

Residents had good access to a range of multidisciplinary services, including psychology, psychiatry, chiropody, occupational therapy, general practitioners (GP), dentists, physiotherapy, speech and language therapy, and other specialist services.

The inspector was informed of a change in process of how GP appointments were arranged. Due to competing demands and schedules, residents and staff were requested to make appointments through a centralised system within the provider's organisation. The person in charge was satisfied that this arrangement had caused no issue with residents to date.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were no residents in the centre who required behaviour management support; however, most staff had received this training in behaviour support. The provider also had clear referral pathways for residents if they required the support of psychological and emotional support.

No identified restrictive practices were in place in the centre at the time of inspection. Residents were supported to engage in positive risk taking and be as independent as possible in their daily lives. Residents' independence was

encouraged and promoted and a restrictive-free environment was observed by the inspector.

Judgment: Compliant

### Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, and there was a safeguarding policy to guide staff. The services of a designated safeguarding officer were available to support residents and staff. The residents were observed to appear comfortable and content in their home.

Where there had been any incidents of alleged safeguarding issues, these had been followed up appropriately and were in line with national policy and procedures and best practices.

Judgment: Compliant

### Regulation 9: Residents' rights

Throughout the inspection, the inspector observed residents being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy services. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

The person in charge had recently started an advocacy group with residents from the wider organisation. This included a visit and talk from a Rights Officer from the National Advocacy Service (NAS). On the day of the inspection, the person in charge was attending an opening day with a local school that had invited residents from the organisation to attend as a community get-to-know initiative.

Residents' rights were at the forefront of how this centre operated, with residents' assessed needs, wishes and capacities leading the scheduling of daily routines and operations. Staff were attentive to include residents in the running of their home and endeavoured to provide them with meaningful activities, with due consideration to their capacities and capabilities.

Residents were aware of their rights, and the person in charge and staff were fully cognisant that this centre was the residents' home and residents were proud of their home. The inspector observed staff engaging kindly with residents and respecting their choices, and it was clear that they knew each other well.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brompton - Community Residential Service OSV-0003069

Inspection ID: MON-0035788

Date of inspection: 18/05/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will pay an unannounced visit to the designated Centre ,At least once every six months, if not more often.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge shall ensure that Notifications are reported at the end of each quarter.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>PEEPs updated and will be reviewed by PIC and PPIM.</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> <p>A revised PCP plan document that takes into account the resident's preferences and choices has been implemented by the PIC.</p> <p>Residents will receive assistance from keyworkers as they work towards their PCP goals. In place, easily readable resident questionnaires.</p> <p>At staff meetings, the status of the PCP targets will be discussed.</p> <p>PIC will review Statement of purpose.</p>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any	Substantially Compliant	Yellow	31/07/2023

	concerns regarding the standard of care and support.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	30/06/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	03/07/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/06/2023

Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2023
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/06/2023
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of	Substantially Compliant	Yellow	30/06/2023

	each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	30/06/2023