



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area G
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	12 April 2021
Centre ID:	OSV-0004089
Fieldwork ID:	MON-0032625

## About the designated centre

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

Community Living Area G is located in Co.Laois and can provide residential care for eight male or female residents over the age of 18 years. There are six residents currently living in the centre. The centre caters for individuals with an intellectual disability and autism. The centre consists of two single story dwellings linked together and is known as "The Cottages". The premises have been adapted to meet the needs of the residents. Staff are present throughout the centre both day and night to meet the needs of residents availing of the service. The staff team consists of nurses, social care workers and support workers. Residents are supported by the staff team, a social care leader and the person in charge. A range of multi-disciplinary supports are also available to residents, if needed, through a referral process. The local area offers a wide variety of facilities including shops, clubs, pubs, cafés and restaurants.

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

Number of residents on the date of inspection:	6
--	---

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 - 2015 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
Monday 12 April 2021	10:15hrs to 16:15hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were management systems in place that ensured a safe and effective service was being provided. Overall, residents in this centre were receiving a high quality service with some minor deficits noted in documentation relating to fire, premises and person centred plans. The inspector saw that residents were consulted about their day-to-day lives and that family members were facilitated to maintain good contact with their relatives. Family consultation was provided for in the annual review. Some further consideration was required into how residents and their family members were consulted with in relation to their personal plans.

This centre had recently submitted an application to renew the registration of the centre and since the previous inspection the provider had submitted an application to vary the conditions of registration of the centre, that meant, a reduced footprint and capacity of the centre. The centre now comprised two interlinked bungalows that could accommodate eight residents. There was street access to the front of the property and a large landscaped garden to the rear of the property. There were six residents living in the centre, with two vacancies at the time of this inspection. Residents in one part of this centre were in the retirement phase of their lives and were afforded a relaxing and comfortable atmosphere that was in line with this.

Residents' bedrooms were personalised and all parts of the centre were seen to be homely, inviting and nicely decorated. All areas within the buildings were accessible to all of the residents living there and residents had access to a large, pleasant garden area that contained numerous wheelchair accessible pathways and garden furniture, as well as an office located in a log cabin.

On this inspection, the inspector met briefly with five of the six residents and the staff members that supported them. This inspection took place during the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. Residents communicated in a variety of ways. Some residents spoke with the inspector about what life was like for them living in the centre. Although some residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service when responding to enquiries about living in the centre these residents did provide some positive feedback. The inspector saw that residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with family members on the day of this inspection. An annual review had been completed that this showed that families had been consulted with and their views obtained on the service that their family members were receiving.

The person in charge and staff working in the centre spoke about how family communication was maintained and facilitated in the centre. Some family members were in daily contact with the centre. Family members were not currently visiting the centre due to public health restrictions in place. However, some compassionate visits with family members had been organised where necessary for the wellbeing of residents. Regular phone and video contact was maintained and where appropriate drive by visits were facilitated.

Staff were respectful in their interactions with residents and presented as a committed team. Residents appeared comfortable to move about their own home freely and with the assistance of staff. Some residents required some staff assistance to mobilise. Residents were seen relaxing watching tv and interacting with staff and staff were observed supporting some residents to go out on planned activities. Some residents accessed a reduced day service during the COVID-19 pandemic. One resident had recently planted a flower bed in the garden and was being supported to have input into the garden in line with their wishes and interests. Another resident showed the inspector an area beside their favourite chair where they liked to keep items they used for in-house activities, such as nail polish and magazines. Some residents were observed to be relaxing in their bedrooms. The inspector was told that one resident chose to stay in bed for the most part and was facilitated to take part in some activities of choice in their bedroom such as TV bingo and listening to music. The COVID-19 pandemic had impacted on the motivation of this resident move from their bedroom as they could no longer take part in some of their preferred community based activities. The inspector spoke to this resident and saw that while this residents' wishes were being respected, more efforts to engage this individual in meaningful activity was required. Overall, goal setting for residents, particularly during the COVID-19 pandemic required review, as did some of the documentation around personal planning.

The inspector observed residents being offered fresh foods and drinks during the time spent in the centre. Residents dietary needs were catered for and where a modified diet was required appropriate guidance was available to staff. One resident had not consented to a modified diet as recommended by a speech and language therapist and this had been explored and considered with the resident. Residents were supported to remember and appropriately grieve for a resident in the centre that had recently died, and the inspector saw that a remembrance area had been set up for residents with photographs of their recently deceased friend.

The inspector saw that the residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic.

Residents had access to transport to facilitate community access and on the day of the inspection two residents were seen to spend time outside of the centre. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, some in-house activities were provided. This will be discussed further in the section of this report that deals with quality and safety.

Overall, this inspection found that there was a good level of compliance with the

regulations and that this meant that residents were being afforded safe and person centred services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. There was a clear management structure present and the management systems in place provided for adequate oversight of the service provided to residents in this centre.

The provider had recently submitted an appropriate application to renew the registration of this centre. A suitable statement of purpose was submitted towards that application. This was sighted in the centre on the day of the inspection. This important document contained all of the required information as set out in Schedule 1 of the Regulations, including details on complaints and how residents are consulted with in the centre. This inspection found that this centre was operating as set out in the statement of purpose.

The person in charge reported to an area manager participating in the running of the centre, who in turn reported to a regional director. Reporting structures were clear and there were robust organisational supports such a comprehensive audit schedule in place that supported the person in charge and the staff working in the centre, and ensured that oversight was maintained at a provider level. Staff supervision was occurring and there was evidence of regular contact between the staff team, the person in charge and management at a provider level.

The person in charge was present on the day of the inspection. This individual had remit over one other designated centre at the time of this inspection. This individual had recently been appointed to the role of person in charge in this centre, and had the required skills and experience to carry out the role. While they were new to the role in this centre, the inspector saw that they were knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the residents living in the centre. The inspector observed a positive relationship between the person in charge and the residents and staff in the centre and found that they occupied a clear presence in the centre. The inspector also had an opportunity to meet with the area director, who was person participating in the management of this centre. This person provided supports to the person in charge and additional oversight to the centre to ensure that residents needs were being appropriately met.

The centre was adequately resourced to provide for a good quality service for the individuals living there. Staffing levels were appropriate, the centre was appropriately maintained and there was suitable transport available for the use of

the residents. A dedicated staff team provided supports to the residents in this centre. During the day there were at least three staff on duty, and at night both a waking and sleepover staff member were available to residents if required. Due to restrictions during the COVID-19 pandemic, some residents had a reduced access to day services. Staff had recently identified that one resident would benefit from additional support during the days that their day service was not operational. This had been brought to the attention of the management team and the inspector saw that prompt efforts were made to ensure that the required resources were being put in place once this need was identified. The staff team present on the day of the inspection were familiar with the residents. Some of the staff team had worked in the centre for a number of years. A recently recruited staff member spoke with the inspector on the day of the inspection and told them about a robust induction process that they had undergone, including always working alongside an experienced staff member and not lone working until they were familiar with all the residents in this centre. This provided the residents with continuity of care and consistency in their daily lives.

The 'Preparedness planning and infection prevention and control assurance framework' for registered providers' self-assessment tool had been completed and contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. Audit schedules were in place and taking place regularly. An annual review had been completed and actions identified were being addressed. The timely identification and management of any issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

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

An application to renew the registration of the designated centre had been received in the correct format and included the required information.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre.



The person in charge had the required qualifications, skills and experience necessary for the role and occupied a clear presence in the centre.

Judgment: Compliant

### Regulation 15: Staffing

This centre was staffed by a suitably skilled, consistent staff team. Continuity of care was provided. Staffing levels were appropriate to meet the needs of the residents and the provider had taken steps to ensure that the assessed needs of residents were being met by providing additional staffing at times when required.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff in this centre took part in formal supervision. As the person in charge was new to the role, they were in the process of establishing a supervision schedule to ensure that all staff were appropriately supervised. Training records viewed showed that staff training had been completed in a number of areas including fire safety, safeguarding of vulnerable adults and complaints. Staff had access to refresher training as required and the person in charge was identifying training needs as they arose and ensuring staff had access to this training as required.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre. The inspector had sight of this. The provider made some amendments to this on the day of the inspection to ensure that this document included details of present and past residents of the centre as set out in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Effective governance and management systems were in place. The centre was appropriately resourced, there was a clearly defined management structure that identified lines of authority and accountability, and management systems in place in the designated centre were appropriate. An annual review had been completed in respect of the centre and arrangements were in place for the supervision of staff.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place in respect of this centre and this had been submitted to the office of the chief inspector as part of an application to renew registration of this designated centre. This important document was available in the centre on the day of the inspection and contained all of the required information as per the regulations.

Judgment: Compliant

### Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Overall, safe and good quality supports were provided to the six residents that lived in this centre. Some improvements were required. Documentation around fire safety and personal plans required review and some maintenance work was required to the premises.

Infection control procedures in place in this centre to protect residents and staff were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Cleaning records indicated that there was a regular cleaning schedule taking place. The person in charge and staff had a strong awareness of infection control measures to take to protect the residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). The staff spoken to took their responsibilities in this regard very seriously and demonstrated this throughout the time the inspector spent at the centre. Staff had undertaken training since the beginning of the COVID-19 pandemic on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE.

The inspector saw that there was a consultative approach taken to risk management and there was a balance between the rights of the individual and risk. For example, where residents did not consent to modified diets, this was considered in

conjunction with the speech and language therapist and information provided to the resident about the risks that this might present. The provider has in place policy guidance on the management of risk and the individual service user to support and inform staff about how to ensure that residents were at the centre of risk assessment and management. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. There was an organisational plan and risk assessment in place in relation to COVID-19. Incidents were recorded and response to incidents appeared appropriate. For example, following a fall, an occupational therapist visited the centre to carry out an assessment of the resident and advise on appropriate equipment for use in the centre, such as grab rails in a bathroom.

Measures were taken by the management of the centre to ensure that residents needs were being met. Residents were supported to access medical care and support and where a resident had presented with increased anxiety, a review with the behaviour support team had been arranged and efforts were made to identify the root cause of this anxiety. Subsequently, this resident was facilitated to take part in a visit with an important family member and the inspector was told that this had a very positive effect on the emotional well-being of this resident, with a subsequent reduction in anxiety. The person in charge and staff members spoken to talked about the importance of consistency within the staff team that how this was achieved to provide the best possible supports to all of the residents living in the centre.

The inspector noted that one elderly resident rarely got out of bed or left their room and was told that this was in line with this residents' specific wishes, and was due to a lack of motivating reasons for this resident to get up since a lot of their social activities and outings had been curtailed during the pandemic. The resident was instead supported to take part in activities of their choosing in their room. The inspector spoke with this resident and was satisfied that they were content with the service provided to them. However, on review of personal plans and following discussion with staff and the person in charge about the activities provided to residents, the inspector found that some further efforts were required to ensure that all residents were offered appropriate and meaningful activities on a regular basis, particularly while regular social activities were curtailed during the COVID-19 pandemic.

The inspector viewed documentation showing that regular fire drills, including night time drills were occurring. There were good detection and containment systems in place in the centre to ensure that residents would be protected in the event of an outbreak of fire in the centre. Evacuation plans were in place for residents. However, these were seen not to contain the appropriate detail required to ensure that all staff were fully guided on the exact evacuation procedures in place for all residents. For example, one resident sometimes chose not to participate in evacuation drills, particularly if the weather was poor. The inspector saw that it would be possible to evacuate this resident in the event of an emergency. However, a review of the documentation around this was required to ensure that staff were aware of how this would be undertaken in a safe manner. Some amendments to this

documentation was made on the day of the inspection, following consultation with the resident.

Individualised care support plans were in place that contained detailed information to guide staff in supporting residents with their physical and medical needs on an ongoing basis. A sample of personal plans was viewed. There were numerous pictures of residents taking part in activities and achieving goals prior to the COVID-19 pandemic and some detail around the goals and wishes of residents. These required updating and review to ensure that they were up-to-date and included appropriate consultation with residents and representatives.

There was evidence that the residents living in this centre were facilitated and supported to access medical supports and care as required and there were comprehensive plans in place to support residents to achieve the best possible health outcomes and that the person in charge was maintaining contact with appropriate medical professionals. Nursing expertise was available to residents on the staff team and also on the management team, and there were appropriate hospital passports in place, in the event that a resident would need to be transferred to hospital.

Overall, the premises was found to be suitably decorated and furnished. The centre was bright, airy and homely. Some work was in the process of being completed following damage due to a leaking roof. Some further works were required such as the replacement or repair of some skirting and door frames in a bathroom that were seen to be rotting following this water damage. There were plans in place for these works to be completed. The rear of the premises contained a very pleasant landscaped garden with numerous pathways. Some maintenance of this area was required including ensuring that the garden furniture that might be used by residents was suitably maintained and that paths were safe for residents with reduced mobility and wheelchair users. One resident had recently planted a flower bed in the garden and was being supported to have input into the garden in line with their wishes and interests.

## Regulation 17: Premises

Overall, the premises was found to be suitably decorated and furnished. The centre was bright and airy and homely. Some work was in the process of being completed following damage due to a leaking roof. Some further works were required such as the replacement or repair of some skirting and door frames in a bathroom that were seen to be rotting following this water damage. There were plans in place for these works to be completed. The rear of the premises contained a very pleasant landscaped garden with numerous pathways. Some maintenance of this area was required including ensuring that the garden furniture that might be used by residents was suitably maintained and that paths were safe for residents with reduced mobility and wheelchair users.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and this was available to the residents. This guide contained all the required information as per the regulations and was available to residents of the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Individual risks had been appropriately considered and the inspector found that there was appropriate consideration given to positive risk within the centre. There was clear evidence that there was learning from adverse incidents and the provider was proactive in their approach to risk management.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA. The centre was clean and well maintained and there was appropriate PPE and hand sanitisation facilities available. Appropriate cleaning schedules were in place and staff were observed to clean high contact areas.

Judgment: Compliant

### Regulation 28: Fire precautions

There were good detection and containment systems in place in the centre to ensure that residents would be protected in the event of an outbreak of fire in the centre. Evacuation plans were in place for residents. However, these were seen not to contain the appropriate detail required to ensure that all staff were fully guided

on the exact evacuation procedures in place for all residents.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents. Plans were presented in a manner that would be of interest to residents, including photographs of activities undertaken and important people in residents lives. While these were comprehensive, they required updating to ensure that they reflected the current status of each resident and included appropriate consultation with the resident and their representatives. Some further consideration was required to ensure that all residents had appropriate and meaningful goals in place and that efforts to provide meaningful occupation and leisure activities to residents was present while COVID-19 pandemic restrictions were ongoing.

Judgment: Substantially compliant

### Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. There was clear guidance available to staff to guide them in ensuring that the day to day medical needs of the residents were being met.

Judgment: Compliant

### Regulation 8: Protection

The residents in this centre were adequately protected from abuse. Suitable intimate care plans were in place to guide staff. Staff had received appropriate training in the safeguarding of vulnerable adults and the staff members spoke to and the person in charge demonstrated a very good understanding and commitment to their responsibilities in this area. Allegations of suspected or confirmed abuse were reported in line with national guidance and appropriate steps were taken to ensure that residents were safe in the event of any such incident.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents living in the centre were supported to exercise choice and control over their daily lives and participate in activities on request. Staff were observed to speak to and interact respectfully to, and about, residents and the inspector saw that there was consultation with residents occurring in the centre. There was access to a variety of information in an accessible format and there were arrangements in place for access to external advocacy services if required. Residents were supported to understand the restrictions that were in place around COVID-19 through residents meetings and easy-to-read documentation. Visiting to the centre had been curtailed due to public health guidance and some compassionate visits had been arranged for residents where necessary for their emotional wellbeing.

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 - 2015 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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Community Living Area G OSV-0004089

Inspection ID: MON-0032625

Date of inspection: 12/04/2021

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Painting organized and ongoing this week. timber-work. Bathroom door-frame that was water-damaged is replaced and painted awaiting second coat. Damaged skirting-boards also replaced and painted	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Individuals fire evacuation plans reviewed and a protocol is devised and in place. All staff are familiar with this protocol and would utilise if a fire occurred. This protocol will be used in the regular practice fire evacuations .	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Training has been organized and completed with all staff to attend PCSP training to assist them with updating and reviewing personal plans. Identifying goals for each individual that are both meaningful and enjoyable for each one.	

Reviewing the plans with each individual and assessing the enjoyment and achievement of the goals.

Dates of the meeting, goals, wishes to be included as they occur

Staff are also in the process of completing a course on Human rights, using the FREDA principles which are essential with personal planning and staff have found very useful in assisting each individual express their wishes and goals.

Staff are aware of the constraints of Covid19 and helping individuals achieve their goals. Meaningful activities, family contact and leisure pursuits are maintained as far as possible but it was not always documented as such.

Moving forward each individual will be encouraged to become involved in meaningful enjoyable activities and individual goals (which are age appropriate and suitable for each individual and their changing needs and abilities) now that the country is opening up again slowly.

Individuals can return to community participation and involvement which they had always enjoyed before the pandemic

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/05/2021
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	Substantially Compliant	Yellow	31/05/2021

	<p>circumstances, which review shall be conducted in a manner that ensures 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.</p>			
<p>Regulation 05(6)(c)</p>	<p>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.</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>31/05/2021</p>
<p>Regulation 05(6)(d)</p>	<p>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 take into account changes in circumstances and new developments.</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>31/05/2021</p>