Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 4
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	10 June 2025
Centre ID:	OSV-0004815
Fieldwork ID:	MON-0045955

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Three residents are supported to attend off-site day services Monday to Friday; transport to and from these is provided. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory needs. The premises itself is a bungalow type residence with all facilities for residents provided at ground floor level. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). The house is located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Staff are rostered on duty Monday to Friday with additional staff support hours provided in the evenings and at the weekend. Residents are supported at night time with a sleepover staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 10 June 2025	11:30hrs to 18:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This inspection was an unannounced safeguarding inspection in the designated centre Goldfinch 4. The safeguarding regulatory programme puts a focus on adult safeguarding in designated centres and it includes the review of specified regulations. At the time of this inspection, Goldfinch 4 was registered to provide residential supports to four adult residents.

The premises of the centre was a large bungalow which had been renovated in 2024. These renovations included the installation of a new kitchen, bathrooms and an upgrade of the sitting room and utility room. The residents' home was decorated to a high standard with residents' personal affects observed throughout their home. Glass cabinets in the sitting room area were filled with photographs of the residents living in Goldfinch 4. A notice board in the kitchen and dining area contained information for residents such as details of the designated officer, the complaints procedure and photographs of staff on duty that day. There was also a back garden provided for residents to enjoy. This was decorated with shrubs and plants. Window boxes with flowers were also on display in the residents' home.

The inspector had the opportunity to meet with each of the four residents living in Goldfinch 4 on the day of the inspection. On arrival to the centre, three residents were attending day services. One resident was present in the centre, with supports being provided by a staff member. This resident had retired and engaged in activities of their choosing throughout the day. The inspector met with the other three residents on their return from day services.

Two residents living in Goldfinch 4 were non-verbal communicators, therefore they were unable to verbally express their views to the inspector as to what it was like to live in Goldfinch 4. The inspector observed how these residents interacted with their environment and those they lived with. Residents were observed as they carried out their evening routine and having their dinner. Residents were offered choices about their meals by staff members, with residents observed having a selection of different meals at dinner. Residents were also observed engaing in activities and interests of their choosing. For example, one resident with an interest in music listened to music in their bedroom, while a second resident was looking at maps which they enjoyed. Staff spoken with noted that residents liked to relax at home during the week, after attending their day services.

During the inspection day, one resident planned to go visit a new music shop. When the resident asked a staff member if they had enough money in their wallet to purchase an item while out, the staff member supported the resident to check how much money was in their wallet. This resident had an interest in music and movies, and they had a large collection of DVD's and CD's that they showed to the inspector. The resident spoke about attending live music events and spoke with the inspector about some concerts they had attended. The resident spoke about a specific band who were due to play a concert in Dublin. When asked if they planned to attend the

resident said it was 'too far'.

Residents appeared content in their home. Two residents verbally expressed that they felt happy and safe in their home. However, one of these residents also told the inspector that they had plans to move out of their home in Goldfinch 4 as their 'time here is up'. When asked, the resident told the inspector that they did enjoy living in their home and that they were happy living with those they lived with. Staff spoken with were aware of the resident's expressed wish to no longer live in Goldfinch 4. It was evident that the resident had been supported to make a complaint about this, and had sought advocacy support where they had been added to their local housing list. It was evident from speaking with staff members and documentation reviewed that the resident was kept informed of the progress of their complaint, and the attempts to source additional resources. This included an application for additional resources in January 2025.

It was evident that residents were supported to engage in their local community. One resident told the inspector that they liked to go out to eat and try new cuisines. They spoke about enjoying foods such as sushi, periwinkles and pike. The resident also spoke about going fishing, which is something they would have enjoyed in the past. Another resident spoke about their love of radio. This resident had photographs taken when they met with their favourite radio presenter on their bedroom wall. Residents often met with residents living in another designated centre to go for dinner in a local hotel. Staff spoken with noted that residents appeared to enjoy this. This was also evident in records of residents' weekly house meetings where they discussed their weekend plans.

Since the previous inspection, a new vehicle had been purchased to meet the assessed needs of one resident. This vehicle had a ramp for their wheelchair, which they used when they accessed their local community.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. 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.

Capacity and capability

The findings of this inspection indicated that management systems in place in the centre ensured that residents received a safe and good quality of care and support. It is evidenced throughout the inspection report that this inspection found a high level of compliance with the regulations.

The person in charge worked full-time and held the role for two designated centres operated by the registered provider. The person in charge advised the inspector that there were plans to add this designated centre to an existing designated centre in

the provider's organisation. Documentation required to progress the plans to add Goldfinch 4 to an existing designated centre in January 2026, increasing the capacity of that centre had been submitted to the Chief Inspector of Social Services after this inspection took place.

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.

Regulation 15: Staffing

The registered provider had not ensured that the number, qualifications and skill-mix of staff was in line with the designated centre's statement of purpose. Residents were supported by a team of social care workers and care assistants. The inspector reviewed the statement of purpose dated 17 January 2025 which outlined that the whole-time equivalent (wte) staffing provided to residents of social care workers in the centre was 3.63, while the wte for care assistants was 0.51. Upon review of the designated centre's rota with the person in charge, it was noted that although the wte of care assistants exceeded the 0.51 wte at 1.89, the wte for social care workers was 2 which was below the 3.61 stated in the statement of purpose. This was despite their being no staffing vacancies in the designated centre at the time of the inspection.

The inspector reviewed the rota in place in the centre from 10 May 2025 to 07 June 2025. There was evidence of relief staff being rostered on duty to cover planned and unplanned leave in line with the centre's statement of purpose. A relief panel of seven individuals were available to cover a number of the registered designated centres operated by the registered provider including Goldfinch 4. However, the wte of relief staffing provided to the centre was not available to identify if the staffing wte for social care workers were in line with the centre's statement of purpose.

It was evident that consistent staffing was provided to residents living in Goldfinch 4. Staff spoken with told the inspector that on occasions where relief staff work in the centre, these individuals are known to residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members were supported to access appropriate training as part of a continuous professional development programme. The inspector reviewed the training matrix for 13 staff members which included permanent staff members and relief staff and found that all staff were provided with

the following training;

- Fire safety
- Management of behaviour that is challenging
- Safeguarding of vulnerable adults
- Children's first
- Manual handling

In addition, regular staff members working in the centre had also been provided with training in hand hygiene and open disclosure.

The inspector reviewed evidence of supervision meetings taking place for three staff members. It was evident these had been completed on a regular basis. Information relating to the Health Act (2007) and the regulations and standards associated were made available to staff members working in the designated centre in an information folder located in the designated centre's office.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that a clearly defined management structure was in place in the designated centre which identified the lines of authority and accountability for all areas of service provision. All staff working in the centre reported directly to the person in charge, who reported to an area manager. The area manager reported to the head of community services, who reported to the director of services. The director of services was responsible for reporting to the chief executive who then reported to the organisation's board of directors. Staff spoken with throughout the inspection noted that they felt well supported by the management team in the centre and that they could raise issues or concerns to management in the centre.

The inspector reviewed the records of staff team meetings in 2024 and 2025 and it was evidenced that these were held each quarter. Agenda items included the support needs of residents, new staff, complaints and maintenance. Safeguarding was also discussed at these meetings. For example, records of the team meeting held on 28 May 2025 noted that safeguarding reporting procedures and protocols for suspected abuse were discussed with staff members. It also noted that there were no open safeguarding concerns in the centre at that time. After the staff team meetings took place, an action plan was developed to ensure quality improvement.

An annual review of the quality of care and support provided to residents in Goldfinch 4 had been carried out for the year 2024. This review had identified the renovations that had taken place in the centre, and the staffing resources provided to residents including a 1.1 staffing allocation daily for a resident who had retired. This review was comprehensive in nature and included the views of residents and

their representatives.

Six monthly unannounced visits were also conducted in the centre which included the progression of actions from previous six monthly visit reports, audits and inspection findings. An action plan had been developed identifying persons responsible for actions and a timeframe for completion. It was noted that actions had been completed as outlined for example, one resident had begun equine therapy following the additional supports being sourced to facilitate this.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. However, it was noted that improvements were required to ensure residents' rights were protected and promoted in their home at all times.

Residents engaged in weekly house meetings. Records of these meetings included discussions around respect for each other, how to make a complaint and weekend plans. It also included a discussion about safeguarding, with all residents being aware of who they could speak with if they wanted to raise a concern. However, some aspects of the supports provided to residents impacted on their rights. This included the choices in relation to the financial institution and bank account they held, and where their banking statements were issued. Staff spoken with also noted that residents' goals were restricted in terms of the location and duration of overnight stays. This will be further discussed under Regulation 9 residents' rights.

Overall, there was evidence of good levels of supports with respect to risk management, communication and care planning for residents in line with their support needs. This ensured that residents received a good level of care and support in their home.

Regulation 10: Communication

The registered provider has ensured that each resident was assisted and supported at all times to communicate in accordance with the residents' needs and wishes. Each resident's personal file contained guidance for staff members on how to effectively communicate with each resident. A communication plan had been developed for one resident following their diagnosis with a medical condition that may impact on their ability to verbally communicate in the future. This plan included pictures of food items to support them to order food when in restaurants, places they liked to go for a walk and restaurants they enjoyed visiting. It was evident the

pictures were linked to the resident's likes and preferences to support them to continue to promote their choice in line with their interests. This proactive planning ensured that the resident would continue to be supported to communicate their needs and wishes as their support needs changed.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the deisgnated centre was designed and laid out to meet the aims and objectives of the service, and the number and needs of residents. It was evident that consideration had been given to accessibilty and residents' mobility needs when the residents' home was renovated. Grab rails had been installed both internally and externally in line with recommendations from an occupational therapist. One bathroom was also fitted with a grab rail in a contrasting colour to support a resident with a visual impairment. It was also noted that the centre was clean and free from any trip or fall hazards in line with reisdents' mobility and safety needs. One resident spoke about the layout of their bedroom, and how staff supported them to keep everything in it's place to support them to navigate their bedroom independently with a visual impairment.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk in the designated centre. As a control measure due to one resident's risk of falls, the resident wore a watch which alerted staff members if they had a fall. It was also noted in multi-disciplinary team meetings that the resident declined to use a walker and this choice was respected. Hand rails had been installed throughout their home to ensure they could mobilise through their home and outside to enter their vehicle independently. It was also evident that they had a plan of care relating to falls management, which provided guidance for staff to support the resident in line with their wishes.

Each resident had a missing person plan in event that had an unexplained absence from their home and/or supporting staff members. This was in line with the control measures outlined in the registered provider's risk management policy.

The registered provider had ensured that vehicles used to transport residents were roadworthy. A new accessible vehicle had been sourced to support a resident's assessed needs. Guidance for staff members on completing a walk around check of

the vehicle daily was in place. This also included guidance on how to report any potential faults with the vehicle.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of three of the four residents living in the designated centre. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs, with input from members of the multi-disciplinary team. This included speech and language therapists, psychology and a clinical nurse specialist in age-related care.

Residents were supported to identify goals as part of the person-centred planning process in the centre. One resident enjoyed sports and had been supported to attend rugby matches in Thomand Park. They were planning to get accessible tickets to attend a G.A.A match after the inspection had taken place. It was noted that this resident wanted to live in a house with a staff member, and they communicated this to the inspector. As previously mentioned, staff and management in the centre were keeping the resident updated on the progress of this.

However, staff spoken with also noted that residents' goals were restricted in terms of the location and duration of overnight stays. This will be further discussed under Regulation 9 residents' rights.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents living in Goldfinch 4 did not have behavioural support plans in place as this was not required in line with their assessed needs. However, multi-disciplinary supports were available to residents should they require behavioural support input from allied health professionals in the future.

Restrictive practices were not in use in the designated centre, as residents did not require intervention under this regulation.

Judgment: Compliant

Regulation 8: Protection

There were no open safeguarding plans in the centre on the day of the inspection. One resident spoke about the safeguarding procedures in their home and how they would raise an allegation of suspected abuse. The resident noted a time where they raised a concern and they told the inspector that staff members had told them that they had to notify specified individuals in line with statutory guidance. This resident told the inspector that staff members made sure they were safe in their home. It was evident that this alleged incident had been notified to the Chief Inspector in line with the regulations. Documentation relating to this was reviewed by the inspector where it was evident that this had been reviewed by the designated officer and reported in line with statutory guidance on the safeguarding of vulnerable adults.

A folder containing information for staff members on safeguarding of residents was located in the designated centre's office. This included a copy of the internal report for for concerns of suspected abuse training video links and details of the organisation's designated safeguarding officer. It also included guidance for staff on the management of injuries of an unknown origin.

Intimate care plans had been developed for residents to outline the supports they required to meet their personal hygiene needs.

Judgment: Compliant

Regulation 9: Residents' rights

In inspections completed in other designated centres operated by the registered provider, it was identified that residents' bank accounts were held with one banking organisation and that there was no evidence to support that the residents were involved to select a bank of their choosing, were consulted and had the freedom to exercise control in relation to this. During the inspection of this designated centre, it was indicated that matters related to residents' bank accounts were consistent with this finding. This had been identified as being a restriction on residents. The provider had completed a review of the "Policy on the handling of the personal assets of adults supported by the services". The provider completed a restrictive practice decision making record within the policy which acknowledged aspects of the policy are restrictive. However, the policy also references that restrictions were being kept to a minimum while endeavouring to ensure adequate arrangements were in place to protect resident's finances.

On discussions with staff and management in the centre, it was identified that the location and frequency of residents' holidays and overnight stays can be restricted due to a lack of resources. Staff spoken with advised that holidays and hotel breaks were restricted to one night. Management in the centre noted that there was a reliance on the 'goodwill' of staff members to support residents to go on holidays and overnight breaks. For example, staff spoken with provided an example where the staffing allocation for a specific staff member who knew the resident well was

denied due to a lack of funding, however a different staff member was later allocated to support the resident. Staff also noted that the location of holidays for residents were limited to those nearby. The inspector reviewed the organisation's policy on residents' personal assets and it was not evident that this restriction was included in this policy. The inspector requested to review documentation outlining occasions where residents' holiday requests were denied due to a lack of resources however this was not available for the inspector to review. Staff and management in the centre told the inspector that residents' goals were planned in a manner that ensured they met this resource requirement. It was also noted that a resident told the inspector that they were not going to a concert as it was 'too far'. Staff and management in the centre were unable to identify if this was the resident's preference or due to the lack of resources. This practice required review to ensure residents had choice and control in their daily life.

It was also noted in a resident's daily care notes on three consecutive dates that the resident was not happy to share the centre's transport vehicle with other resident. There were no further details to outline how the resident had expressed their unhappiness and if this had any impact on the other resident. Staff members told the inspector that the resident expressed their unhappiness by declining to speak with the peer resident and becoming upset on occasions. Staff also noted that at the time of the inspection, there did not appear to have been any negative impact on the peer resident. However, they were aware that this may have an impact should it continue. The inspector reviewed the daily care notes for the peer resident and there was no documented reference to any alleged incidents on the centre's transport or any negative impact on the resident. It was evident that the person in charge had met with the resident to discuss this and the resident had told them that they were happy with their current relationship. No formal complaint had been made by either resident in relation to this, and it was noted that documentation reviewed in residents' daily notes did not include clear details on what had occurred. There was no current plan to support the residents in relation to this, or to guide staff members to support both residents in this regard. Therefore, it was not evident that each resident's dignity was respected in relation to their personal and living space, personal communications and relationships.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Goldfinch 4 OSV-0004815

Inspection ID: MON-0045955

Date of inspection: 10/06/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The WTE for the designated centre was reviewed with the finance department. The WTE for care assistants was recorded as 0.51. The WTE for social care workers was recorded as 3.63, which was incorrect. A WTE of 1.14 was recorded as social care worker support hours when it should have been recorded as support hours. The support hours are being performed by a care assistant rather than a social care worker. The WTE for workers is 2.49 and the WTE for care assistants is 1.65. The statement of purpose has been updated to reflect same.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The BOCSILR Policy on the Handling of the Personal Assets of Adults Supported by the Services includes a permission form which supports people to opt in or opt out of support from the BOCSILR in the management of their personal assets. • No resident is restricted from managing their own personal assets if they choose to opt out of support from the BOCSILR. Residents may choose to manage their personal assets independently, with a decision supporter or another person outside of the services should they choose to. • In order to support people to make an informed decision information is provided to them regarding the nature of the support that the BOCSILR can offer to them in terms of the management of their personal assets. • At present the BOCSILR have identified one suitable deposit account and one suitable current account through which support can be offered in a safe manner both for the person supported and for staff.	

• The BOCSILR Policy on the Handling of the Personal Assets of Adults Supported by the Services clearly sets out the limitations on direct access to personal assets inherent in the use of this type of account in order to ensure full transparency when a person is choosing to opt in or opt out of support.

• Every effort is made to mitigate the impact of the restrictions on direct access to personal assets inherent in the use of this type of account and these are set out in the policy.

• Limitations on direct access to personal assets inherent in the use of this type of account as well as those in place to minimize the vulnerability to misappropriation of funds are not notified to the regulator as restrictions as each person support has the right to opt in or opt out of support.

• As the actions of Bank institutions in response to this demand for type of bank account are outside of the control of the BOCSILR the date for compliance has been reflected as the 31st December 2026 to reflect this reality.

• The BOCSILR is committed to exploring all alternative accounts that may facilitate less restrictive direct access to personal assets for people supported who opt in to support from the BOCSILR. In this regard the engagement with the assisted decision making department with the HSE seeking guidance in assisting residents in relation to banking arrangements was commenced on 11/11/2024. Engagement with banking institutions has also been perused to identify possible suitable banking products that would be a less restrictive alternative for residents within the service.
• Appendix 11 from the BOCILR Policy on the Handling of the Personal Assets of the Adults Supported by the Services relates to supporting holidays for people supported.

• Every effort is made to facilitate a holiday for residents. However this is limited to the roster of staff attached to each service location as there is no specific budget outside of the normal roster to provide holidays to residents.

• Where a resident has identified in their person centred plan that they wish to go on a specific holiday this is identified as a goal for the individual. From time to time this goal can be achieved through planning and consultation. The holiday may be facilitated within the existing roster or through an element of volunteerism by staff or a family member.

• The ability to plan for a holiday is also limited to the extent of the individual assets of the person support.

• This matter has been raised by the National Advocacy Council with the National Leadership Team of the BOCSI. As a result national guidelines are being developed in relation to social outings and holidays. This initial draft has been developed during 2025 and shared with the National Advocacy Council and is awaiting feedback. Once feedback is given the updated draft guidelines will be shared with each region and for agreement by the NLT.

• All residents of Goldfinch 4 identified an overnight break as a PCP priority. All residents

were supported to go on a night away to a location that was in line with their preferences. The night away was facilitated through planning and consultation with residents. It was facilitated through a combination of implementing the existing roster and through the volunteerism of staff. One resident goes on holidays to tourist town during the summer with his family.

• Staff members are required to adhere to the BOCILR Local Operational Complaints Procedure for Adults who use the Services, Families and Advocates. The Complaints Procedure is a standing agenda item at staff meetings. Staff members also discuss the Complaints Procedure with residents during weekly house meetings. Residents are reminded that they can make a complaint at any time.

• The Person in Charge met with the resident to discuss their dissatisfaction in relation to sharing transport with a peer. The resident was asked if they would like to make a complaint and they declined. The resident stated that they were happy to continue to share the transport with their peer. The resident's peer is also satisfied with sharing the transport. They share the transport on weekday evenings as the resident's staff provides transport to the designated centre for the resident's peer. When going on outings during weekends there are two vehicles available at the designated centre. When they are going on outings both residents often opt to share a vehicle. The resident was reminded that they can make a complaint at any time for any reason to staff, the Person in Charge or the Area Manager.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	06/08/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/12/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy	Substantially Compliant	Yellow	31/07/2025

	and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			