



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

Issued by the Chief Inspector

Name of designated centre:	No.5 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	02 December 2022
Centre ID:	OSV-0004577
Fieldwork ID:	MON-0029111

About the designated centre

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

No.5 Fuchsia Drive is a detached dormer bungalow located on the outskirts of a town that provides residential support for a maximum of four residents, of both genders, between the ages of 30 and 75 with intellectual disabilities. Three residents reside in the centre on a full-time basis while a fourth resident avails of the centre on a shared care arrangement. Support to residents is provided by the person in charge, a social care leader, a social care worker and care assistants. The centre has two apartments areas adjoining the centre with one of these operated as a self-contained unit. Each resident has their own bedroom and other facilities in the centre include bathrooms, a sitting room, a kitchen, a utility room and a staff room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Friday 2 December 2022	10:05hrs to 19:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Positive views on life in the centre were contained with questionnaires read by the inspector. Staff members on duty were seen to interact appropriately with residents with a calm and relaxed atmosphere encountered on the day of inspection.

On arrival at the centre no residents were present with three residents attending their day services elsewhere while another resident, who resided in the centre on a shared care basis, was not availing of the centre on the day of inspection. As such the inspector used the initial period in the centre to review the premises where residents lived and relevant documentation. Amongst the documentation reviewed were questionnaires that had been issued to this centre by the Health Information and Quality Authority (HIQA) in advance of this announced inspection. These questionnaires were intended to get more information on residents' and/or their families' views of the services provided in the centre.

Four questionnaires had been completed with three done by residents or by staff on behalf of residents. For one questionnaire it was not indicated who had completed it. In general it was noted that the questionnaires contained positive comments such as "I love my apartment" and "I like staff, they are important to me". One resident did comment though that "I would like to get up a bit later in the mornings". Overall though, it was noted that the four questionnaires contained broadly positive responses to the areas questioned such as care and supports, general happiness, food and mealtimes, staffing, activities and bedrooms.

It was seen that each resident living in this centre had their own individual bedroom with one resident's bedroom located in a self-contained apartment. Another resident's bedroom was contained in a smaller apartment but this was more closely linked with the main house. The inspector view all resident bedrooms and found them to be well-furnished with facilities provided for residents to store their personal belonging such as wardrobes. The bedrooms were also noted to be personalised to the residents' individual preferences. For example, one resident had a collection of miniature cars with a shelving unit provided for these to be stored on.

Communal areas in the centre were also seen to be well presented with new flooring having installed in a hall area while the main kitchen area was reasonably presented with facilities present for food to be stored, prepared and cooked. Appropriate bathroom facilities were provided for also. In general, the premises was found to clean, homelike and well furnished. For example, in the sitting room found there were large photographs on display on the walls which the inspector was informed were of the local area and had been taken by one resident who had a keen interest in photography. The same sitting room was seen to have an artificial fireplace, couches and a large television for residents to avail of.

It was noted though that in the same sitting room there were two large presses, one which contained cleaning supplies while the other contained some archived

records relating to residents. Such presses were unlocked and detracted slightly from the homely feel of the sitting room. This sitting room though was seen to be used by one resident to watch television when they returned to the centre from their day service later on in the inspection. This resident did not communicate verbally but instead used particular hand gestures. The inspector met this resident in the presence of a staff member who demonstrated a good awareness of the communication methods of this resident.

In the presence of the inspector this staff member asked the resident what they had put up that day and resident responded with a gesture to indicate a Christmas tree. The resident was asked by the staff member where they were going for Christmas and what they were going to do then. The responded to this by using hand gestures to indicate that they were going to their home where they would sleep and drink. It was observed by the inspector at this time that the resident seemed relaxed and was also comfortable with the staff member present.

Another resident was also seen to be very comfortable with one particular staff member. The resident was seen to demonstrate affection to this staff member and described them to the inspector as "the best staff" on multiple occasions. This resident seemed cheery when met by the inspector and they said that they had been listening to music earlier in the day which they liked. The resident had a Manchester United backpack with them but said they did not like the team but did like hurling. The resident took a folder from their backpack and gave it to a staff member before going to their bedroom for a period.

The third resident present in the centre was seen to arrive back and enter their own apartment area by a specific door. The inspector later met this resident, initially in the presence of the person in charge, as they were watching television in their bedroom. The person in charge pointed out the resident's miniature care collection and the resident smiled at this. Soon after the person in charge left and the inspector attempted ask the resident some questions around their life in the centre and what they wanted to do. As the volume on the television was loud at the time the resident did not appear to hear what the inspector was saying and for some questions asked the resident gave response that could not be made out by the inspector.

This resident did appear content at this time and was later seen using a tablet device to complete a jigsaw. At one point a staff member was seen entering this resident's bedroom to ask what takeaway the resident wanted to order with some residents seen to have some takeaway before the end of this inspection. Overall, the atmosphere encountered in the centre on the day of inspection was generally calm and relaxed. Staff members on duty, including management of the centre, were seen to interact with residents in a positive and warm manner in interactions observed and overheard by the inspector. All three residents also appeared comfortable with the staff supporting them.

In summary, residents were living in a premises that was generally well presented and homely with each resident having their own personalised bedrooms. Positive feedback on the centre was contained with four HIQA questionnaires that were

provided to the inspector. Residents met on the day of inspection generally appeared calm, content or happy.

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

Actions had been taken to address areas of concerns identified by HIQA in a previous inspection. Improvement was required though to ensure that unannounced visits to the centre by the provider were conducted as required by the regulations.

This designated centre was registered until April 2023 and last inspected by HIQA in August 2021 where particular concerns were identified regarding fire safety. In addition, during that inspection it was also highlighted how the provider had increased the footprint of the centre without varying its registration conditions. As this amounted to a breach of the Health Act 2007, the provider was issued with a warning letter highlighting that if the provider did not take steps to come into compliance the Chief Inspector could cancel the registration of this centre. The provider responded to this issue by successfully varying its registration conditions to reflect the centre's larger footprint. Since then the provider has submitted another registration application to renew the centre for a further three years.

As such, to inform a registration renewal recommendation, the current inspection was intended to assess compliance with the regulations in more recent times. These regulations require unannounced visits for centres to be conducted by a representative of the provider every six months with a report of such visits to be maintained. Such unannounced visits are important to assess if the care and support provided to residents is of a safe and quality standard and to put in place action plans for any issues identified. While such unannounced visits to this centre were happening with reports of these available for the inspector to review, they were not being conducted every six months as required.

For example, since a provider unannounced visit in November 2020, further visits had been carried out in June 2021, February 2022 and November 2022. This indicated that these provider unannounced visit were not being conducted in a manner consistent with the regulations for two years with the August 2021 HIQA inspection having also identified an issue relating to such visits. The provider though had ensured that an annual review for the centre, another regulatory requirement, had been completed since the August 2021 HIQA inspection. This annual review assessed the centre's progress with relevant national standards and also provided for consultation with residents and their families.

Residents in this centre were found to be supported with appropriate staffing

arrangements and staff members spoken with during the inspection demonstrated a good awareness of residents' needs and how to support these. A sample of staff files were reviewed during this inspection and were found to contain all of the required information such as photo identification, written references and evidence of training completed. When reviewing overall training records for staff who had worked in the centre, it was noted though that not all staff had completed training in areas such as de-escalation and intervention and first aid. Risk assessment maintained in the centre indicated that staff were to have completed such training.

Some staff team meetings were also happening in the centre although there appeared to be inconsistency as to when such meeting were taking place. When reviewing notes of the staff team meetings that had taken place it was read how topics such as training and audits were indicated as being discussed. During this inspection, records were in place indicating that some audits were being completed in the centre. For example, audits on infection prevention and control (IPC) were being completely on a month basis which covered various areas. However, as will be discussed further elsewhere in this report, it was identified that yearly reviews of residents' personal finances were not being carried out.

Regulation 15: Staffing

Appropriate staffing arrangements were in place with staff files and staff rosters also maintained.

Judgment: Compliant

Regulation 16: Training and staff development

While staff had undergone training in various areas, not all staff had completed first aid training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place that contained all of the required information such as details of residents' next of kin.

Judgment: Compliant

Regulation 22: Insurance
The provider had ensured that appropriate insurance arrangements were provided for this centre.
Judgment: Compliant
Regulation 23: Governance and management
Provider unannounced visits to the centre were not being conducted every 6 months as required by the regulations. Yearly reviews of residents' personal finances were not being carried out
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
Residents did have contracts for the provision of services and it was seen that some of these were signed and outlined the services to be provided and fees to be paid. However, other resident's contracts were not signed by a representative of the provider, residents or resident's representatives. While efforts had been made to agree these contracts, this had not be followed up since 2020.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
A recently reviewed statement of purpose which contained all of the required information was in place. This statement of purpose was seen to be on display in the centre.
Judgment: Compliant
Regulation 31: Notification of incidents

While notifications relating to restrictive practices had been submitted previously, during the inspection it was identified that one restrictive practice had not been notified in a timely manner for the previous quarter. While this restriction was notified during the inspection, this was only after the inspector had queried this matter with the person in charge.

Judgment: Not compliant

Quality and safety

Measures had been taken to address previous fire safety concerns identified by HIQA. While this inspection found evidence of good supports in some areas, action were identified relating to residents' finances, access to national screening services and residents' rights.

Particular concerns were identified during the August 2021 inspection relating to fire safety. On the current inspection it was found that appropriate action had been taken in response to such concerns. Fire safety systems were in place including a fire alarm, emergency lighting and fire extinguishers. Fire doors were also present in the centre, which help prevent the spread of fire and smoke, and these were seen to have no defects evident while evacuation routes in the centre were observed to be clear of any obstruction. Fire drills were also being completed in the centre to reflect varying times of the day with low evacuation times recorded.

Risks assessments related to fire safety were contained within the centre's risk register. The inspector reviewed this register and noted that each risk present was described with existing control measures (measures intended to mitigate the risk) and any additional control measures required outlined in corresponding risk assessments. It was noted though that while such risk assessment had been reviewed recently, the reviews did not taken into account that all staff had not completed certain training which the risk assessment highlighted as being existing control measures. In addition, the inspector noted that some risks had not been included in the risk register such as risks relating to particular health needs of one resident which had the potential to increase in the future.

There was evidence that the health needs of residents were being appropriately supported in some areas. For example, appropriate medicine practices were being followed and relevant health care plans were in place for assessed health needs such as diabetes. A staff member spoken with demonstrated a good knowledge of such care plans. However, during the inspection it was highlighted that a resident, who had been eligible to participate in a national screening service for a numbers of years, had not availed of this service with actions only taken the day before this announced HIQA inspection to address this. It was also noted that relevant health assessments completed for this resident in 2021 and 2022 had specifically highlighted that the resident had not participated in this screening service.

It was seen though that residents were being given support with their personal finances with storage facilities for their monies present in the centre while records of transactions were also maintained. It was seen that most transaction receipts were being maintained with corresponding entries made into individual log books for residents. The inspector did note though that, while the majority of transactions were signed for and receipted, some transactions had not been signed for while post-it note were used as receipts for some transactions. In addition, when comparing the balance entries in three residents' log books to the cash amounts maintained in their wallets, the inspector did note some differences. It was acknowledged though that such differences were minor and two could be attributable to rounding.

The provider had a local procedure relating to residents' finances and there was some evidence that parts of this procedure being implemented in practice. For example, expenditure of residents' money over a particular amount required written approval by the person in charge with records of such approval provided for transactions requested by the provider. However, some parts of the local procedure were not being implemented in practice. This resulted in excessive amounts being maintained in some residents' current accounts and yearly checks of each resident's personal finances not being completed. It was highlighted though that when residents requested their own monies this was freely provided.

One of these residents also helped out doing food shopping for the centre and it was indicated that food choices were discussed every week with residents. It was also found during this inspection that there was awareness amongst staff as to residents who required particular diets. Meal planning was also indicated as being discussed with residents during resident meetings that generally happened on a fortnightly basis. Note of such meetings reviewed by the inspector indicated that topics such as rights and complaints were also discussed. When reviewing records related to complaints it was noted that one complaint had been logged for the centre since the previous HIQA inspection. This was recorded as being made in April 2022 and involved a resident wishing to retire from their day service.

At the time of this inspection, this resident was attending day service four days a week away from the centre. In response to the complaint it was indicated that a request had been made for additional resources to support the resident to retire and remain in their home throughout the week. Records reviewed indicated that this request had been made by the end of April 2022 but it was indicated to the inspector that the provider was still awaiting on a response to this request. As a result the complaint remained unresolved at the time of this inspection although it was indicated to the inspector that some consideration was being given to supporting the resident to only attend their day service three days a week while travel arrangements were also suggested as being altered to support the resident to remain in their home for longer in the morning.

When asking staff and management of the centre if the resident was happy continuing going to their day services, some varying responses were provided to inspector. For example, it was indicated that the resident has happy to go to day services and had never refused to go but if they had their choice they would prefer

to stay at home. During the inspection the inspector sought to get the resident's views on this but the resident did not meaningful respond. However, based on records reviewed and discussions during the inspection it appeared to be the resident's preference to retire from day services and it was indicated that this had been first raised before the COVID-19 pandemic begun. While efforts were ongoing to support the resident, it did not appear that the resident's choice was being fully promoted at the time of this inspection.

Regulation 10: Communication

A staff member was seen to be familiar in the communication methods used by one resident. While some staff had received training in this communication method, one staff had been highlighted in October 2022 as needing this training but had yet to undergo it.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents were provided with facilities to store their personal belongings and systems were in place to support the residents with their finances. However, the inspector did observe some missing signatures for certain transactions, some cash balances that did not corresponds with log book balances, some post-it notes used as receipts while a local procedure in this area was not being implemented in full.

Judgment: Substantially compliant

Regulation 17: Premises

The premises provided was seen to be well-furnished, well-presented and generally homelike.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were involved in the selection and shopping for food and meals. Information was present for residents who required specific diets with staff

members aware of such diets.
Judgment: Compliant
Regulation 20: Information for residents
A residents' guide was in place for this centre that contained all of the required information such as how to access HIQA inspection reports.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had a risk management policy while a risk register was also in place for this centre. This register contained various risk assessments but it was noted that some of the control measures required updating to reflecting that not all staff had undergone specific training which were indicated as being existing control measures in place. Some identified risks were not represented in the risk register.
Judgment: Substantially compliant
Regulation 27: Protection against infection
The designated centre was seen to be clean. Personal protective equipment and hand sanitiser were present in the centre. Staff had undergone relevant training in IPC.
Judgment: Compliant
Regulation 28: Fire precautions
Appropriate fire safety systems were in place with fire evacuation routes seen to be unobstructed. Fire drills were taking place with low evacuation times recorded while all staff had received fire safety training.
Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Storage facilities were provided for medicines. The inspector viewed these storage facilities and found them to be reasonably organised with a specific space provided for medicines which required disposal. A sample of medicine records were reviewed which were found to be in order while residents were also assessed to determine if they could self-administer their own medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place which had been informed by relevant assessments and were regularly reviewed.

Judgment: Compliant

Regulation 6: Health care

A resident had not been supported to avail of a national screening service in a timely manner despite relevant assessments highlighting that the resident had not undergone this screening.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Not all staff had completed training in de-escalation and intervention.

Judgment: Substantially compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection with staff having undergone relevant training. Where any concerns had arisen in the past, appropriate

referrals were made with safeguarding plans also put in place.

Judgment: Compliant

Regulation 9: Residents' rights

Information relating to residents was seen to be stored in an unlocked press in a communal area of the centre. Taking into account records reviewed and discussion with staff and management during this inspection, one resident's choice was not being fully promoted at the time of this inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No.5 Fuchsia Drive OSV-0004577

Inspection ID: MON-0029111

Date of inspection: 02/12/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will review the training record in the designated centre and ensure that all staff trainings are kept updated. Staff requiring, de-escalation & intervention, communication and first aid training will be scheduled for training on upcoming dates.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure that that an unannounced visit to the designated centre will be carried out at least once every six months. The review of person supported finance's will be undertaken as per Provider policy.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The registered Provider will follow up on written arrangements issued to residents or their representatives to ensure signed copies are in place with each resident and these are countersigned by the Provider.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in Charge will ensure all notifications are submitted in a timely manner.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The person in charge shall ensure that all staff receive suitable training required to communicate with persons supported.	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The person in charge will ensure that receipts are obtained for all transactions where possible and that all transactions are signed in line with Provider procedures. A weekly check of balances will be undertaken of all person supported monies and reconciled to the transaction book.</p> <p>The Person in Charge will undertake a review of finances within the designated Centre in line with the timelines set out in the Provider policy. This review will include a check to ensure that excessive funds are not held on current account.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider will review the risks in the Centre to</p> <ul style="list-style-type: none"> • Ensure that all risks are on the Risk Register. • Additional risk assessments required for person supported future health conditions will be added. <p>When reviewing the risks, where staff training is identified as an existing control, that these trainings are up to date. If trainings are not up to date the requirement for training will be identified as an additional control measure to be put in place and Staff requiring training will be enrolled on each course as required.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The registered provider will provide appropriate health care for each resident, having regard to their personal plan.</p> <p>A template is now in place to be reviewed annually which will prompt the staff team to check the persons supported registration status on the national screening programmes where applicable.</p> <p>Staff will support residents to get information on National Screening and to make a choice in relation to availing of these Screening and their decision will be noted on their Personal plan.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge will ensure that all staff requiring to respond to behaviour that is challenging will be scheduled to attend appropriate training.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The registered provider has ensured that the personal information is stored in a locked press.</p> <p>The registered provider will ensure that persons supported to have the freedom to exercise choice and control in their life and that those wishing to retire are supported through their personal plan. A business case will be submitted to the funding body setting out the resource requirement needed for same and this is usually linked with</p>	

funding for new intake to day services each year.

The Provider is currently linking with all individuals who are aged over the normal retirement age of 65 years and who are not yet retired to identify and prioritise their choice in this regard.

One resident who has expressed such a wish in this Centre will be supported to plan for their increased leisure time and staff resources will be recruited to support this resident taking up their retirement on or before 30/04/2023.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/05/2023
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	20/02/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	30/05/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/03/2023
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 concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/03/2023
Regulation 24(3)	The registered provider shall, on admission, agree	Substantially Compliant	Yellow	30/06/2023

	in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/01/2023
Regulation 31(3)(a)	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 occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	30/01/2023
Regulation 06(1)	The registered provider shall provide appropriate health	Substantially Compliant	Yellow	13/01/2023

	care for each resident, having regard to that resident's personal plan.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	13/01/2023
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/05/2023
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.	Substantially Compliant	Yellow	30/04/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not	Substantially Compliant	Yellow	13/01/2023

	limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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