

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

Issued by the Chief Inspector

Name of designated centre:	The Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	24 July 2024
Centre ID:	OSV-0005324
Fieldwork ID:	MON-0036858

About the designated centre

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

This is a service providing residential care and support to five adults. The house is located in Co. Meath however, is in walking distance to a large town. Transport is provided so as residents can go for drives and access community based amenities, such as go to work, college, go to shopping centres, hotels, shops and restaurants. The house is a large detached two storey bungalow, comprising a large well equipped kitchen, spacious dining room, a fully furnished sitting room/TV room, a laundry facility and very well maintained gardens to the rear and front of the premises. Each resident has their own en-suite bedroom which is personalised to their individual style and preference. There is ample private parking to the front of the property. The healthcare needs of the residents are provided for and access to a range of allied healthcare professionals, including GP services form part of the service provided. The house is staffed on a 24/7 basis by a full time person in charge, a shift-lead manager and a team of assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 24 July 2024	10:00hrs to 17:20hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was carried out to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were five residents living in the centre and the inspector met and spoke with one of them. Written feedback on the quality and safety of care from the residents was also viewed by the inspector as part of this inspection process. Additionally, on the day of this inspection the inspector spoke with two family representatives over the phone so as to get their feedback on the service provided

The centre comprised of a large detached bungalow in a quiet location close to a large town in Co. Meath. Large well-maintained garden areas were provided to the front, side and rear of the property for residents to avail of in times of good weather.

On arrival to the centre it was observed to be clean, spacious, warm and welcoming. The shift lead manager showed the inspector around the house. The inspector observed that all residents had their own ensuite bedroom. Additionally, communal facilities included a large sitting room, a large lounge, a large kitchen cum dining room and a utility facility.

During this time, one resident was observed to be watching television and speaking with staff in the sitting room. The resident said hello to the inspector and appeared comfortable in the company and presence of staff working in the service.

The shift lead manager and person in charge informed the inspector that the other residents were out and about in the community doing various different things. For example, some residents were at work, one was attending a volunteer placement and one was at college. Two residents liked to keep fit and had their own gym equipment in the centre. A staff member explained to the inspector that the residents liked to use their gym equipment each day and were supported to do so by a member of the staff team.

From a review of documentation in the centre, the inspector observe that one resident who had a keen interest music, was supported to record their own music and songs in a professional recording studio as part of their person centred plans/goals. Residents were also supported to engage in activities that they liked such as go-carting, shopping, playing computer games and golfing. Additionally, they were also supported to maintain regular links with their families via visits and phone calls.

On the afternoon of the inspection, the inspector met with and spoke to one of the residents. They had just returned from work where they were a volunteer in an

animal sanctuary. They said that they loved this work and enjoyed going each week. They also said that they were going to play golf at the driving range later in the day. They showed the inspector a golf club that they had recently bought and said that they enjoyed playing the sport and going to the driving range. They also told the inspector that this was the best house they had lived in to date, they were happy with their room, they had no issues and got on with their peers.

Before the resident left the house for their game of golf they told the inspector that they had won an organisational award in recognition of their achievements in their home. The person in charge explained to the inspector that each month, individual residents from the entire organisation can be nominated for this award and the nomination had to include details about the residents recent achievements, milestones, and/or any other significant progress they had made as they continued their journey towards achieving their personal goals and ambitions. The resident seemed very happy with winning this award and proud that their achievements had been recognised by the organisation. The inspector also observed that this resident appeared happy and content in their home and relaxed in the company and presence of the staff team.

Written feedback on the quality and safety of care provided by the residents (as viewed by the inspector in the annual review of the service for 2023) was generally positive. For example, one resident reported all was good in the house however, they also said that some staff could know their likes and dislikes a little better. Notwithstanding, the resident reported that staff knew what was important to them and that they had made friends since they moved to the house.

Another resident reported that while they liked the food in the centre, they would also like to add to the menu options. They also said that they chose their own routine and staff knew what they liked.

One resident also reported that they didn't need staff support and were hoping to move out of the house. The person in charge explained to the inspector that while this resident was doing well in the service, their preference was to live closer to their home and to live independently. Additionally, plans were advancing for the resident to achieve this outcome.

A family member spoken with over the phone on the day of this inspection was positive and complimentary. They reported that while their relative was relatively new to the service, they were doing very well and, were happy living there. They also said that staff were very helpful and very nice. They were satisfied that their relative had access to GP and dental services and reported that their medical needs were being catered for. Additionally, they reported their relative was enjoying their job, and that staff supported them to access the community and go to different places. When they visited the centre they said that were made to feel welcome and, there was plenty of room in the house to visit their relative in private. Finally, they said that they had no complaints and no concerns regarding the quality and safety of care provided in the centre.

A second family member spoken with over the phone was equally as positive and

complimentary about the service. They also said that their relative was doing well in the house and that, they were attending physiotherapy each week and progressing very well with that. They were getting out and about doing activities they enjoyed such as pitch and put and fishing and, were supported to visit home on a very regular basis. They reported that staff were courteous and they could ring the centre at any time. They also said that their relative had everything they needed in the house, they had no complaints and were happy with the quality and safety of care provided.

While minor issues were identified on this inspection pertaining to the individual planning process and risk management, the inspector observed staff supporting two of the residents in a person-centred and caring manner at all times. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were supportive of the individual choices and preferences of the residents and feedback from two family members over the phone on the quality and safety of care was positive and complimentary.

The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

The two residents met with/observed appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by a shift-lead manager and a director of operations.

The inspector spoke with the shift-lead manager over the course of the inspection and they demonstrated a good knowledge of the residents' assessed needs. Additionally, the person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters for the month of June 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and shift-lead manager on the day of this inspection.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records/training matrix viewed, the inspector found that staff were provided with training to ensure they had the necessary skills

to respond to the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in February 2024. On completion of these audits, an action plan/quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

Regulation 14: Persons in charge

The person in charge was a qualified social care professional with an additional qualification in management.

They demonstrated a knowledge of the assessed needs of the residents in the centre and was found to be responsive to the inspection process.

They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Additionally, they informed the inspector that they had systems in place for the supervision of their staff team and had a regular presence in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters for the month of June 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and shift-lead manager on the day of this inspection. For example:

- two staff members worked 8am to 8pm
- four staff members worked 9am to 10pm
- one staff member worked 8am to 9pm.

This meant that there were seven staff on duty each day in the centre.

Additionally:

- three staff were on waking night duty in the centre.

The person in charge explained to the inspector that one resident required 2:1 staff support each day. The other three residents required 1:1 staff support each day however, when accessing the community, two of these residents required 2:1

staffing support. This was why seven staff were available each day in the centre.

The staffing arrangements also required that a mixture of both male and female staff were required to be on duty each day and night due to the assessed needs of the residents.

It was observed that over the month of July 2024 that on two occasions there were six staff working during the day as opposed to seven. The person in charge explained that this was due to unforeseen circumstances such as sick leave, and that a staffing contingency plan/risk assessment was in place which informed that the service could operate safely with a shortfall of one staff.

They also said that there was an escalation process available in the centre should the staffing levels fall below six during the day.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of three staff files viewed from the training matrix, the inspector found that they were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- fire safety/fire marshal training
- manual handling
- safe administration of medications
- basic first aid online
- infection prevention and control
- protection and welfare
- hand hygiene
- providing intimate care
- autism awareness
- blood pressure
- donning and doffing of protective equipment
- risk assessment
- managing challenging behaviour (1 and 2)
- children's first
- mental health.

It was found that according to a number of individual risk assessments, staff were to have training in acquired brain injury. Evidence of this training was not available in the centre on the day of this inspection. This was discussed and actioned under

regulation 26: risk management procedures.

Notwithstanding, two staff members spoken with were aware of the assessed needs of the residents living in the centre as was the shift-lead manager.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the service. For example, the service was managed by a team of people to include a person in charge and shift-lead manager. They were supported in their role by an experienced and qualified director of operations.

The person in charge also informed the inspector that an additional shift-lead manager had been employed for the centre and that would take up their new role in August 2024.

Additionally, the provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and and, a six-monthly unannounced visit to the centre had been carried out on February 26th and 27th 2024.

On completion of these audits, an action plan was developed and updated as required to address any issue identified in a timely manner.

For example, an in depth six monthly audit of the service in February 2024 identified a number of issues to include the following:

- a protocol needed to be developed regarding a resident that could refuse to engage in health monitoring
- some minor repairs were required around the house
- the recording of social activities required review
- the storage of one medication required review.

These issues had been addressed (or a plan of action was in place to address them) at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the

requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and, systems were in place to meet their assessed needs. However, minor issues were identified with the individual planning process and risk management procedures.

Residents' assessed needs were detailed in their individual plans and from viewing two files, they were being supported to achieve monthly goals of their choosing and frequent community-based activities. However, aspects of the individual planning process required review.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include mental health professionals. Hospital appointments were facilitated for residents and where required, healthcare-related plans in place so as to inform and guide practice. Staff spoken with were familiar with the assessed needs of the residents

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were a number

of safeguarding plans in place. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. However, an aspect of the risk management process required review.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations.

The house was found to be clean, warm and welcoming on the day of this inspection and was in a good state of repair.

Overall this inspection found that the individual preferences of the residents were promoted and the residents met with appeared happy and content in their home. However minor issues were identified with the individual planning process and risk management procedures.

Regulation 13: General welfare and development

Residents were provided with care and support in accordance with their assessed needs and had access to facilities for occupation and recreation.

For example, some residents were working in jobs that suited their assessed needs and that they enjoyed. One of the residents was attending college one day a week. This supported the residents to maintain links with the wider community and engage in life skills development.

Residents were also supported to engage in recreational opportunities of their choosing. For example some residents liked to play golf, go fishing, work out, go shopping, pursue hobbies and interests such as music/recording music and go for drives.

Some of the residents had recently attended a music festival of which it was reported that they enjoyed very much.

Residents were also supported to maintain very regular contact with their families.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of a large detached bungalow in a quiet location close to a large town in Co. Meath. Large well-maintained garden areas were provided to the front, side and rear of the property for residents to avail of in times of good

weather.

Ample private parking was available on the grounds of the property.

The house was observed to be clean, spacious, warm and welcoming and each resident had their own ensuite bedroom.

Communal facilities included a large sitting room, a large lounge, a large kitchen cum dining room and a utility facility.

The property appeared well maintained on the day of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk related to behaviours of concern was identified, the following control measures were in place

- 1:1 and/or 2:1 staff were available to support the residents
- staff had training in the management of behaviours of concern
- staff had training in safeguarding of vulnerable adults
- Multi-disciplinary support was available to the centre.

Where a risk related to community access was identified residents always had 1:1 and/or 2:1 staff support. Additionally, where a resident may present with a risk related to the use of devices with Internet access, restrictive practices were utilised to support the resident's safety and such practices were kept under review. Additionally, in order to mitigate any risk with a resident using a home gym, 1:1 staff support was provided to the resident at all times.

It was identified that a control measure to manage some elements of risk in the centre was for staff to have training in acquired brain injury. On the day of this inspection there was no documentary evidence available to the inspector to inform when staff had taken this training.

Additionally, the inspector reviewed a transition plan for one resident who had moved into the centre some time ago. The resident was progressing well in the service and had wanted their pet to move into the house with them. However, this was not possible due to the assessed needs of some of the other residents living in

the centre. There was no information available in the residents transition plan informing them of this issue/risk prior to moving into the centre. Notwithstanding, the centre was ensuring the resident got to see their pet every week. Additionally, the person in charge informed the inspector that plans were advancing for this resident to move to a more independent setting in the future.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, and emergency lighting/signage.

Equipment was being serviced as required by the regulations. For example:

- the fire extinguishers were last serviced in April 2024
- the fire alarm system was serviced in March 2024 and again in May 2024
- the emergency lighting was also serviced in March 2024 and in May 2024

Staff also completed as required checks on all fire equipment in the centre and from a sample of three files viewed, had training in fire safety awareness and fire marshal training.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

For example, a fire drill conducted in April 2024 informed it took residents and staff 3 minutes to evacuate the building on hearing the fire alarm and no issue were reported and no actions required.

Another fire drill conducted in May 2024 informed that it took residents 1 minute to evacuate the building and again, no actions resulted from this drill.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve monthly goals of their choosing and engage in activities of their choosing and interest.

It was observed however, that aspects of the individual planning process required review. For example, aspects of the recording of residents goals (and if they were

achieved or not) required review.

It was also observed that some information in one residents individual plan may may not be relevant to them, taking into account their individual assessed needs.

Notwithstanding, as detailed under regulation 13: general welfare and development, residents were provided with care and support in accordance with their assessed needs and had access to facilities for occupation and recreation.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- GP services
- physiotherapy
- occupational therapy
- dentist
- optician

Residents also had a hospital passport in place and where or if required, hospital appointments were facilitated.

It was observed that one resident may not engage in healthcare-related appointments and monitoring however, a protocol was in place to manage this.

Residents were also supported to experience best possible mental health and where or if required, had access to psychology and psychiatry support.

Two family members spoken with over the phone on the day of this inspection also expressed satisfaction in the way their relatives healthcare-related needs were being supported in the centre.

Judgment: Compliant

Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was a number of open safeguarding plan in place to support residents overall

safety and well-being.

The inspector also noted the following:

- two staff spoken with said they would have no issue reporting a safeguarding concern to any member of the management if they had one.
- information on safeguarding and advocacy was available in the centre.
- information on how to contact the designated safeguarding officer and an independent advocate was also readily available in the centre.
- at the time of this inspection there were no open complaints on file
- two family members spoken with over the phone on the day of this inspection reported that they had no complaints about any aspect of the service and were satisfied with the quality and safety of care provided in the centre
- from viewing three files (training matrix), staff had training in safeguarding of vulnerable adults, children's first and protection and welfare
- one resident spoken with said they would talk to staff if they had any issues in the house.

The person in charge also informed the inspector at the introductory meeting of this inspection that any allegation of abuse was managed via the safeguarding pathways in the centre. For example, all allegations were reviewed and forwarded to the safeguarding team, a standard referral form was completed and preliminary screening, the national safeguarding team were notified as were the Health Information and Quality Authority (HIQA). Additionally, where or if required, an Garda Síochána were also notified.

The person in charge also assured the inspector that all staff working in this centre had appropriate vetting and references on file.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Lodge OSV-0005324

Inspection ID: MON-0036858

Date of inspection: 24/07/2024

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The Person in Charge, will review all Individual's Comprehensive needs assessments and update as necessary. Based on the above review, the Person in Charge will identify any training needs for the Team in line with Individual's assessed needs for completion with relevant Team Members. 2. The Person in Charge will review the Centre's Statement of Purpose ensuring that it is reflective of all training requirements linked to Individual's assessed needs. 3. The Director of Operations will review the Comprehensive needs assessment template to identify any specific needs regarding an Individual who has pets. As required, this will be included within Individual's transition plans. 4. The above points will be discussed with the team at the next monthly team meeting.	
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: 1. The Person in Charge and Behavioural specialist will review each Personal plan and update as necessary, ensuring that they are reflective of Individual's assessed needs and clearly evidencing outcomes achieved or those being worked towards.	

2. Updated Personal Plans will be briefed to the team at the next monthly meeting.

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 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	30/09/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2024