



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

Issued by the Chief Inspector

Name of designated centre:	Miltown Respite
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	02 April 2025
Centre ID:	OSV-0005501
Fieldwork ID:	MON-0046747

About the designated centre

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

In this designated centre a respite service, based in their own community, is provided for residents; a maximum of three residents can be accommodated at any one time. The residents availing of respite present with a diverse range of needs ranging from a requirement for minimal staff support to full dependence on staff support at all times. This diversity is reflected in the organisation and delivery of the respite service such as occupancy and staffing levels. The centre is comprised of two houses located in a small housing development on the outskirts of the town. One house can accommodate one resident while the other can accommodate up to two residents at a time for respite breaks. The location of the centre facilitates ease of access to and from home, to the day service and, to the range of amenities offered by the town. During respite breaks, residents are supported by a staff team including the person in charge and support workers. Staffing levels are adjusted to reflect each resident's need for support and, there is a minimum of one staff on duty at all times when residents are in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 2 April 2025	10:00hrs to 17:45hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who availed of respite services in this centre had a good quality of life, had choices in their daily lives, were supported to integrate in the local community, and were involved in activities that they enjoyed during respite breaks.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with two residents who were present in the centre and observed how they lived. The inspector also met with the person in charge and a member of staff on duty, and viewed a range of documentation and processes.

The inspector met with two residents who were present in the centre during the inspection. These residents did not communicate verbally, therefore, the inspector did not get to hear their views about living in the centre. However, these residents were observed to be at ease and comfortable in the company of staff, and looked relaxed and happy in the centre. These residents availed of a home based day service in the centre and had individualised staffing allocated to each person. This ensured that each resident could take part in activities of their choice at all times.

It was clear from a walk around the centre that safe and comfortable accommodation was provided for residents. The centre consisted of two houses, one which could accommodate one resident for respite breaks and another which could accommodate up to two residents at any time. The houses were close to each other in a residential area at the edge of a small rural town close to the sea. This location gave residents good access to a wide range of facilities and amenities. The houses were domestic style, were comfortably decorated and furnished, and had gardens. Televisions, books, art supplies, board games and Wi-Fi were available for residents' use. Each resident had their own bedroom during respite breaks and these rooms were personalised with each person's own individual bedding before each break. The person in charge explained that when planning respite placements, consideration is given to the compatibility of residents, which enhances the enjoyment of the breaks for all residents. They explained that residents usually had their respite breaks with friends or other individuals whose company they enjoyed.

Residents in this centre had an option to attend day service activities in different ways based on their needs and preferences. Most residents attended external day services and came to the centre in the evenings or at weekends, while some received a home-based day service in the centre on weekdays.

Evidence examined during the inspection indicated that the person in charge and staff prioritised the wellbeing and quality of life of residents. Conversations with staff, including the person in charge, and information viewed during the inspection also indicated that residents had a good quality of life and had choices during their respite breaks. A staff member told the inspector that residents were supported and

encouraged to take part in activities that they enjoyed when they were in the centre. Some of the activities that residents took part in included local community activities such as bowling, dancing, personal shopping, walks and outings to places of interest, involvement in exercise and fitness programmes and going out for meals. Some residents had employment in the local area and they were supported to attend their work during respite breaks. The inspector saw artwork that had been created by a resident and learned that the resident was involved in a local art group. Residents were also being supported by staff to have outings and overnight stays at places outside the local area. The inspector saw evidence that residents had been for numerous outings to places of interest, such as visits to Dublin Zoo, Kildare Village, The Shannon Aviation Museum and Fota Wildlife Park. In the past year, some residents had attended various organised social events such as Ablefest, the Lisdoonvarna Festival, and concerts. Some residents had also attended the National Advocacy Conference in 2024. As the weather was fine on the day of inspection both residents went out separately with their staff to visit seaside towns and beaches. One resident also spent time reading with staff in the garden, at sensory play and taking exercise before going out.

While this inspection identified good practices throughout the regulations that were examined, there were some minor areas for improvement, which will be discussed in the next sections of this report.

Capacity and capability

The provider had measures in place to ensure that the centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents during their respite breaks. However, service agreements and the statement of purpose required review to ensure that they were completed in line with the regulations.

The quality and safety of the service was subject to ongoing monitoring and review. Unannounced audits of the service were being carried out twice each year on behalf of the provider. The inspector viewed the last two provider audits, and found that they were comprehensive and detailed. Overall these audits showed high levels of compliance. However, any areas where improvement was required had been identified with a plan by which they would be addressed within prompt time frames. Annual reviews of the service were also being carried out by the person in charge. The inspector read the last completed annual review and the review of 2024 which was in draft format. Consultation with residents had taken place to inform the annual review. The provider also had a system in place to record and manage incidents of concern.

There was a clear organisational structure in place to manage the service and this was described in the centre's statement of purpose. There was a person in charge

who had responsibility for the day-to-day management of the service and who worked closely with staff and the wider management team.

The centre was resourced to ensure that suitable care was delivered to residents during respite breaks. These resources included the provision of suitable, safe and comfortable accommodation, including furnishing and equipment, transport, and access to Wi-Fi and televisions. Adequate staffing levels were being maintained in the centre to support residents' preferences and assessed needs.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning information, restrictive practice records, the directory of residents, the statement of purpose and service agreements. Most records viewed were maintained in a clear and orderly fashion, and were up to date, although improvement to recording of information in service agreements, the residents' guide, and the statement of purpose was required.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Throughout the inspection one-to-one staffing was provided for each resident in the centre. Planned and actual staffing rosters had been developed by the person in charge. The inspector reviewed the staffing roster for 2024, which showed that sufficient staffing levels were being maintained and that additional staff were also being rostered as required to support personal care and weekend outings and activities.

Judgment: Compliant

Regulation 19: Directory of residents

A record of all residents who received respite service in the centre was being maintained. The inspector viewed the information recorded for two residents who availed of respite service in the centre and found that it included the required information relating to both residents.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents who took respite breaks in the centre. Some improvement, however, was required to service agreements and to the statement of purpose and these are discussed under regulation 3 and regulation 24 in this report. At the time of inspection, these deficits did not impact negatively on the quality of service being delivered to residents.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a person in charge who held overall responsibility for the management of the centre. The person in charge was frequently present in the centre, and worked closely with staff, day service staff and with the wider management team.

The service was subject to ongoing review. Unannounced audits of the service were being carried out twice each year on behalf of the provider. The inspector viewed the last two provider audits, which showed high levels of compliance. Any areas for improvement had been identified and realistic action plans had been developed to address them. Annual reviews of the service were also being carried out. These reviews were comprehensive and informative. Consultation with residents had taken place to inform the annual review.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared written agreements for the provision of respite service to residents. Overall these agreements were suitable although some minor improvement to signing and content was required.

The inspector read a sample of two service agreements, and found that and included relevant information about the service to be provided, including fees to be charged, although one had not been signed by both parties involved and one included some out-of-date information.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents who availed of respite care in the centre. However, there was some minor adjustment required to the statement of purpose to meet all the requirement of the regulations.

The inspector read the statement of purpose and found that it described most aspects of the respite service being provided to residents and met most of the requirements of the regulations. However, the statement of purpose required improvement as it did not clearly state all the information required by the regulations. For example, although some bespoke day services were being provided in the centre, this was not stated in the statement of purpose. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector of Social Services within specified time frames. The inspector reviewed incident records for the past year and found that no accidents or notifiable incidents had taken place in the centre. Quarterly notifications had been submitted appropriately.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents during their respite breaks in the centre. The person in charge and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents while they were staying at the centre. However, guidance on maintaining privacy and dignity during personal care required some improvement.

The centre comprised two houses located adjacent to each other in a residential area, close to a town by the sea. These houses suited the needs of residents, and were nicely furnished, comfortable and well maintained. The houses were maintained in a clean and hygienic condition throughout and surfaces were well

maintained and readily cleanable. All residents had their own bedroom during respite breaks. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. To the back of each house there were secure gardens where residents could spend time outdoors.

Most residents availed of respite breaks in the evenings or at weekends and attended external day services during the day. However the service could provide full time day services in the centre for two residents on weekdays. Staff were available to support residents at all times which gave all residents the opportunity to take part in the activities that they preferred either in the centre or in the community. During the inspection, the inspector found that the needs of residents who were present were supported by staff in a person-centred way. Residents' nutritional needs were being well met during respite breaks. Well-equipped kitchen facilities were available for food preparation in both houses, and residents could choose to take part in grocery shopping and food preparation at a level that suited their assessed needs.

Residents were encouraged and supported to be active and well informed while staying in the centre. During respite breaks, residents were involved in a range of activities such as shopping, day trips, taking exercise, attending entertainment events and activities, holidays and going out for something to eat. Some residents required support with communication and suitable communication techniques were being used to achieve this. During the inspection, the inspector observed staff communicating appropriately and chatting to residents, keeping them informed about the plans for the day, and ensuring that they were happy with the plans.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on these assessments. Personal plans had been developed with involvement of residents, staff and residents' families.

The provider had measures in place in the centre to protect residents from harm, including any risks associated with the use of restrictive interventions. These measures included the availability of a designated safeguarding officer, and access to intimate care plans and a policy to guide staff. Systems were also in place for the recording and management of restrictive interventions that were in use to ensure the safety of residents. Although there were low levels of incidents and accidents in the centre, suitable processes were in place for the management of these events as required. However, the protocols and guidance in relation to privacy and dignity during personal care required improvement to ensure that appropriate information was provided to guide staff.

Regulation 10: Communication

The provider had systems in place to support and assist residents to communicate in accordance with their needs and wishes during respite breaks.

Most residents who availed fo respite breaks in the centre could communicate verbally but some residents were assessed as requiring support with communication. There were various supports in place to support these residents. The inspector viewed two residents' support processes, which included clear communication plans, and up-to-date communication passports. The inspector also saw clear guidance on use of Lámh, which is a form of sigh language, for some residents. There were also pictorial cues available to help residents and staff to communicate with each other and to support residents with making choices, such as meal choices.

Judgment: Compliant

Regulation 13: General welfare and development

During respite breaks, residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community.

Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in both developmental and leisure activities that they enjoyed. Developmental activities included increased involvement in food preparation, taking exercise, and involvement in community activities such as a dance group. Residents took part in a range of leisure activities such as concerts, music festivals, bowling, attending activities, trips and outings, going for walks, and going for holidays. Residents were also involved in household tasks, such as laundry, recycling and food preparation as they wished, and had autonomy to carry out everyday community activities such as shopping, going to the barber, going to the church, and eating out. Some residents took part in either paid or voluntary employment in the community, and were supported by staff to achieve this during respite breaks.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of the residents during their respite breaks, was in good repair and well maintained, was clean, and was suitably decorated and equipped throughout.

The centre could accommodate up to three residents for respite breaks in two adjacent houses. Throughout the centre, there was adequate communal space, where residents could relax or take part in activities that they liked. During a walk around the centre, the inspector found that both houses were warm, clean, comfortable and nicely furnished. Each resident had their own bedroom during

respite breaks and these had adequate furniture such as wardrobes, bedside lockers and chests of drawers, in which residents could store their clothing and belongings. The centre was served by an external refuse collection service and there were laundry facilities for residents to use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported during respite breaks. Both houses in the centre had well equipped kitchens where food could be stored and prepared in hygienic conditions. The person in charge explained how meal choices were offered to residents. As residents availed of short breaks in the centre, they made their meal choices with staff on arrival in the centre and daily thereafter. Their preferred foods were purchased and cooked, or they went out to eat if they wished to. Residents could take part in food preparation and record of this was seen by the inspector. Where required dietary and nutritional needs had been identified with multidisciplinary input, and the inspector saw that plans were in place to manage these assessed needs and to ensure that appropriate food was provided as required..

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs, although some improvement to an aspect of the residents' guide was required.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it had been developed in an easy-to-read formats and met most of the requirements of the regulations. However, information about residents' access to any inspection reports was not consistent with how this was being managed in the centre. Other information that was relevant to residents was provided in user friendly format. For example, the inspector saw that information about topics such as road safety awareness and staff on duty was displayed for residents in a suitable format.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had measures in place to reduce the risk of infection in the centre. The inspector visited both houses in the centre and found that they were well maintained and were being kept in a clean and hygienic condition throughout. There were hand sanitising gels available for residents, staff and visitors to use. Hand washing facilities were supplied with hot water, disposable paper towels and covered bins for the disposal of used towels. Bathrooms in the centre had tiled wall and floor surfaces which ensured that they were easily cleanable. During the last inspection of the centre, some significant infection control risks were identified, however, these risks were no longer present due to changes in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal planning process in place to ensure that residents' needs were identified and were being met during respite breaks. Individualised personal plans had been developed for residents based on a combination of assessments of their health, personal and social care needs and information supplied by their families.

The inspector viewed two residents' personal plans and found that clear information about residents and their care needs was recorded. As this is a respite service where residents stay for short breaks, information about their care needs was being developed through residents' wider circle of support including their families, day service and the designated centre staff. Comprehensive assessments of care needs had been completed for residents, there included recommendations from relevant members of the multidisciplinary team and were used to develop plans of care for each resident. Goals had been developed for residents, but these documented goals were mainly based around regular daily activities that were already taking place, and did not reflect the meaningful goals and projects that person in charge discussed with the inspector. However, this had been recognised and was being addressed by the provider. Improvement to residents' goal planning had been identified in an audit carried out for the provider. The person in charge had attended training in personal planning and explained that residents' personal plans were due for review, with inclusion of meaningful personal goals, and that this would be completed within the coming two months.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place to manage the use of restrictive interventions in the centre.

There was limited use of restrictive interventions in the centre. The inspector read the restrictive practice records for the centre, and found that interventions were primarily in place for residents' safety. For example, epilepsy sensor mats and lap belts on wheelchairs were being used for some residents to reduce the risk of falls and injury. Records showed that all restrictions were being reviewed by the person in charge and were also being reviewed by a senior staff member external to the service every twelve weeks.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm. These measures included a safeguarding policy to guide staff, development of intimate care plans for residents, and access to a safeguarding process. However, guidance and protocols for management of intimate care required improvement.

The inspector explored how the privacy and dignity of residents would be maintained during delivery of personal care and found that the guidance in this area was inadequate. A staff member discussed how delivery of personal care was managed in the centre. They said that the locking of doors during personal care would not be essential as due to the small numbers present in the centre, the risk of others entering the bathroom during personal care was negligible. The inspector saw that all bathrooms doors were lockable and residents who used the bathroom independently had the choice of locking the doors if they wanted to. The person in charge explained that bathroom doors could be unlocked from the outside if required. The inspector viewed intimate care plans for two residents and found that they did not provide guidance on locking bathroom doors to maintain privacy and dignity. There was an up-to-date intimate care policy. The inspector read the intimate care policy and found that it also did not provide adequate guidance to staff on how best to maintain privacy and dignity during personal and intimate care and did not refer to any practices around locking of doors at this times. The policy also advised that gloves should always be worn during personal care although this practice does not respect the dignity of residents in all instances.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Miltown Respite OSV-0005501

Inspection ID: MON-0046747

Date of inspection: 02/04/2025

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 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: To ensure compliance with Regulation 24: admissions and contract for the provision of service	
<ul style="list-style-type: none">• PIC ensured all service agreements in place have been signed by all parties 02/04/2025• PIC has reviewed and revised all service agreements to ensure all information is relevant and up to date to the services being provided by the Designated Centre including fees to be charged 28/04/2025• Updated Service agreements have been sent to families and people supported to review and return to service 28/04/2025• PIC to ensure all people receiving a service in the Designated Centre have new service agreements signed by all parties 06/06/2025	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: To ensure compliance with Regulation 3: statement of purpose	
<ul style="list-style-type: none">• PIC has updated statement of purpose for the Designated Centre to ensure all information is up to date and site specific to the Designated Centre 07/04/2025	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>To ensure compliance with Regulation 20: Information for residents</p> <ul style="list-style-type: none"> • PIC has updated Residents guide to ensure all information is up to date and site specific 07/04/2025 • PIC has updated Residents guide to include how to access inspection reports 07/04/2025 • Information displayed in user friendly formats on how to access inspection reports in the Designated Centre 07/04/2025 • PIC developing information in user friendly formats on information provided in inspection reports for people supported in Designated Centre 27/06/2025 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>To ensure compliance with Regulation 8: Protection</p> <ul style="list-style-type: none"> • PIC has overseen that safeguarding material in user friendly formats have been completed with all people supported in Designated Centre 17/04/2025 • All plans in relation to personal care is updated in consultation with people supported by PIC to ensure people supported are safe, have choice and treated with respect and dignity 12/05/2025 • Intimate care training will be provided to the staff and to new staff as it is rolled out by the organisational training department • PIC will develop a practice review checklist to ensure personal care plans are in line with choices of people supported and upholding respect and dignity 30/05/2025 • Safeguarding is a standing agenda item on team meetings, PIC will facilitate discussions to promote feedback and awareness • PIC has displayed information in the Designated Centre in user friendly formats for people supported to enable communicate choices and preferences 07/04/2025 • PIC to review and update risks within risk register to guide staff in good practice ensuring compliance • Point of Care risk assessment in situ and discussed at team meetings under agenda item IPC and PCRA risk assessment displayed in Designated Centre 	

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 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	27/06/2025
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	06/06/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	07/04/2025
Regulation 08(6)	The person in charge shall have safeguarding	Substantially Compliant	Yellow	30/05/2025

	<p>measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.</p>			
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