



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

Issued by the Chief Inspector

Name of designated centre:	Fuchsia
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	17 July 2024
Centre ID:	OSV-0005822
Fieldwork ID:	MON-0035229

About the designated centre

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

Fuchsia is a residential home located in Co. Kilkenny. The service can provide supports for four residents over the age of eighteen with an intellectual disability. The service operates on a 24 hour seven day a week basis ensuring residents are supported by staff members at all times. The level of staffing present is dependent on the planned activities of residents with three staff present at day time hours and one at night. A person in charge is appointed to ensure effective governance of the centre is maintained. The premises consists of a detached bungalow. Each resident has a private bedroom and free access to the shared living area and large kitchen/dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 17 July 2024	10:10hrs to 17:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This announced inspection was completed to inform a decision regarding the renewal of registration for the designated centre. The inspection took place over one day. A total of four announced inspections (which included an inspection of this centre) occurred in centres operated by the registered provider over a two day period. This report will outline the findings against this centre.

Overall, the findings of the inspection indicated that care was provided in a person-centred manner and residents were happy in their home. The premises was warm, clean and decorated in a tasteful manner. Residents were supported by a staff team who were familiar with their care and support needs. They were engaging in activities they enjoyed both at home and in their local community. Some minor improvements were required in relation to the management of personal possessions, risk management, and residents' rights.

Some overarching findings in relation to the provider's oversight and governance and management arrangements were identified in all four centres inspected. Inspectors noted an improved level of oversight from a governance and management perspective both at local and provider level. Overall, this was translating to better levels of care and support being provided to residents. However, improvements were required in the management of residents' possessions and finances across a number of the centre's reviewed.

The inspector had the opportunity to meet with all four residents that lived in the designated centre. Residents in the centre used various methods of communication to indicate their needs and preferences. Some residents primarily used non-verbal cues such as facial expressions, gestures and limited vocalisations while other residents would use short phrases and sentences to express their communicative intent.

On arrival at the centre the inspector noted it was a very well presented bungalow building located off a main road in Co. Kilkenny. The centre was a short distance to all local amenities. There was one vehicle associated with the centre that residents used to access the community. Residents also were brought out in their wheelchairs to certain activities during the week if the weather was appropriate. Many residents enjoyed this activity and staff described how one resident loved the sensory aspect of been brought out in the wheelchair. For example, staff stated they particularly enjoyed when it was a windy day and liked the feel of the wind on their face when they were out and about.

In the designated centre, each resident had their own individual room which was tastefully decorated. Soft furnishes, pictures and personal items were on display in each resident's bedroom. All bedrooms were well presented and very clean. Some bedrooms had overhead hoists in place to assist the resident in getting from the bed into their wheelchairs. Residents had access to a large bathroom which contained a

bath and a shower. At the time of inspection, no residents were utilising the bath. In addition, there were two smaller bathrooms with toilets and sinks. Residents also had access to a large sitting room and kitchen/dining area. In the kitchen, part of the counter top could be adjusted in height, so that residents in wheelchairs could access this area with ease. Outside was a very well kept garden area with raised flower beds and a poly tunnel. Some residents enjoyed gardening and were encouraged to participate in this activity.

On arrival at the centre all residents were up and ready for the day. Three residents were seated in the kitchen area and the fourth resident was in their wheelchair in the hallway area. Residents appeared settled and content and were happy to be introduced to the inspector. Staff discussed the plan for the day for each of the residents. Two residents were attending a community group while the other two residents were spending time at home and going out and about in their wheelchairs at different points during the day. There were three staff and the person in charge present at this time. Overall, the home was quiet and calm.

The inspector observed the three residents leave for the morning. They were gently supported by staff to leave the building. Staff were heard to compliment the residents about the clothes they had chosen to wear to the activity. One resident that was present in the hall remained there for the morning time. They had music playing and staff frequently checked in with the resident. Staff explained that this was their preferred area to sit in as they liked to observe the comings and goings into the centre. Later in the day this resident was brought out for a walk and then spent some time in their room relaxing.

In the afternoon residents were seen relaxing in the kitchen area. Home-made soup was being prepared for lunch. One resident, with the assistance of staff, showed the inspector pictures on their mobile phone. In the pictures the resident was enjoying a day out with their local community group, meeting family and friends for coffees or meals out and interacting with their peers in the home. The resident was smiling in the photos and looked to be enjoying themselves.

As this inspection was announced, questionnaires about aspects of care and support in the centre were sent out in advance of the inspection and four completed questionnaires were received by the inspector. All residents were supported by staff in relation to answering the relevant questions. All answers indicated that the residents were happy with the care and support provided, the premises and how staff interacted with them.

Overall, the inspector found that the residents were supported by a staff team who were familiar with their care and support needs. They lived in warm, clean and well-maintained home. Residents were accessing activities both in the home and community in line with their assessed needs and preferences. As previously mentioned, some minor improvements were required to ensure three regulations met the criteria for compliance which will be discussed in the relevant section of the report.

In the next two sections of the report, the findings of this inspection will be

presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the findings of the inspection were that the residents were in receipt of a good quality and safe service. The management team, both at local and provider level, were identifying areas for improvement and taking action to bring about the necessary changes. However, oversight in relation to personal possessions, risk and residents rights required further improvement to ensure compliance with regulation.

The person in charge was full-time and had responsibility for two designated centres. They were supported in their role by the assistant director of services and the director of services. The inspector met with a number of members of the centre management team over the course of the inspection. The person in charge and local management team had systems in place for the day-to-day management and oversight of the centre. They were completing regular audits and taking actions to bring about improvements in relation to fire safety systems, infection prevention and control measure and residents' access to information. The provider had implemented more robust systems of oversight over the last 18 months and it was evident that the systems in place were more effective in driving areas of quality improvement.

As part of the inspection process the inspector reviewed the statement of purpose. The service was operated in accordance to this statement and information contained in this document was accurate.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre. The inspector reviewed all the relevant information and found it was in line with the requirements of the regulation. Information submitted included the statement of purpose, floor plans, and application forms and fees.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured there was an appropriate skill mix and level of staffing in the centre to ensure residents' needs were met. The centre was staffed

with nursing care on an occasional basis, social care workers and healthcare assistants. On the day of inspection there was 0.3 vacancy for a health care assistant job share post and a staff member on long-term leave. These gaps on the rota were filled by consistent agency staff.

The inspector reviewed a four-week period of rotas. Although it was evident that agency staff were being used across a number of shifts they were mainly scheduled on with a permanent staff member. If agency staff were lone working they were well known to the designated centre, familiar with residents, and completed shifts in the centre on a very regular basis.

On the day of inspection the staff team present was familiar with the residents, interacted in a kind and professional manner and were seen to support residents in line with their assessed needs. For example, one resident was using particular vocalisations and the staff member identified this as the resident requesting a change in the music being played. The staff member was aware of the resident's specific individual communicative needs.

The inspector reviewed three staff files. All staff files met the requirement of Schedule 2 of the regulations and had Garda vetting, references, and a full employment history present in the file.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff had up-to-date training across both mandatory requirements and relevant training in line with residents' specific assessed needs. On review of the training matrix, it was found that staff had completed training in areas such as fire safety, safeguarding, manual handling, safe administration of medicines, epilepsy and feeding eating drinking and swallowing care. Where refresher training was required this had been identified by the person in charge and they had assigned the person to the relevant trainings over the coming weeks. For example, staff that required refresher training in manual handling were assigned to complete it in the following two weeks.

The provider had policies and procedures in place in terms of supervision of staff. This included one-to-one supervision sessions with a line manager and on the job mentoring. It was found that overall staff were in receipt of supervision in line with the provider's policy. A supervision schedule for the remaining year was in place. The inspector reviewed four staff supervision notes and found that the content in this document was supporting the staff to complete their relevant roles and delegated duties. For example, in a supervision notes the staff members role of key worker was discussed.

Judgment: Compliant

Regulation 22: Insurance

As part of the renewal of registration process, the provider submitted evidence that as adequately insured against accidents and incidents. This document was reviewed by the inspector and was found to be sufficient.

Judgment: Compliant

Regulation 23: Governance and management

Over approximately the last 18 months, the provider had introduced and/or improved the systems of oversight within the designated centre. This included a re-structuring of the management team, re-structuring of reporting structures, and introduction of new audit systems to review the level of quality of care. It was found that the changes made were impacting positively on the care and support being provided to residents and evidenced a comprehensive approach to oversight.

One of the changes made was the introduction of the Person in Charge monthly status report. The report complied information in relation to outstanding actions, residents 'specific needs, finances, risks, restrictive practices, medication errors, staffing and training needs of the centre. This information was directly reviewed by the assistant director of services and director of services and was utilised as an effective tool to ensure that oversight at provider level was consistent and constant. The inspector reviewed these reports and found that the information was specific to the centre and provided a good overview of pertinent issues.

The provider had completed the annual review and six monthly unannounced audits as specified by the regulations. The inspector reviewed both the annual review dated June 2023 and June 2024 and the most recent six monthly unannounced audit. Actions were identified in these audits and a number of actions had been completed are were in the progress of being completed.

Judgment: Compliant

Regulation 3: Statement of purpose

This document outlines the model of care and support to be delivered to residents within the service. The inspector reviewed the statement of purpose was found to reflect the facilities and service provided. For example the room functions and sizes

in relation to the centre were clearly outlined as required.
Judgment: Compliant
Regulation 31: Notification of incidents
Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any use of a restrictive practice within the centre on a quarterly basis.
Judgment: Compliant
Quality and safety
<p>Overall, the inspector found that the centre presented as a comfortable home and care was provided in line with each resident's assessed needs. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review of residents' finances, risk documentation, fire safety documentation, safeguarding documentation and documentation in relation to health care needs. A number of good practices were identified especially in relation to meeting residents specific health-care needs. However, improvements were required in managing residents finances and personal possessions, risk reporting and ensuring residents' rights to privacy and dignity at night was upheld.</p> <p>Some changes to the management of residents' finances had been implemented over the last year. This included the introduction of a specific debit card that allowed residents' immediate access to some of their funds. This card balance was topped up on a weekly basis by the central administrative office. Additional funds could also be added as needed. As this system was new, staff were embedding the everyday practices, audits and reviews of this systems. Some areas required improvement to ensure it was implemented in line with the providers policy. However, this was a positive step in increasing residents' access to their own finances.</p> <p>Again, new systems had been implemented to record, assess and identify learnings from accidents, incidents and near misses. The provider was utilising the National Incident Management System (NIMS) to record all relevant information. However, further improvements were required to ensure that staff were using this system in an effective and consistent manner.</p>

Regulation 12: Personal possessions

All residents in this centre had Health Service Executive (HSE) Private Patient Property Accounts (PPPA). In order to access money from these accounts, the residents all had debit cards whereby money from their account could be transferred to this debit card. The card could be used to directly purchase items or take money out of a bank machine. This system allowed easier access to residents finances. The expenditure from this debit card was audited by the person in charge on a monthly basis. More attention to detail was required in this auditing to ensure residents were afforded the best value for money for using this card. For example, there was a charge imposed for taking cash out on the card. It was found that cash was withdrawn twice on one day on some occasions which meant the resident was charged for two separate transactions. This required better management and oversight.

The introduction of the debit card allowed better auditing of residents' finances. However, gaps remained in this system. For example, there were no up-to-date bank statements present in the centre. This meant that expenditure was not cross referenced with bank statements to ensure that residents spending was reviewed and managed appropriately.

Although asset lists of residents possessions were in place they were inaccurate at times, and there was no clear system in place to outline what should be on an asset list or how it should be recorded. For example, clothing was present on all asset lists but there was no record of residents' personal phones or tablet devices. It was unclear on how the provider was managing residents' property in an effective manner.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector reviewed daily notes, spoke with staff and residents and observed the routines and activities offered to residents. On the day of inspection all residents left the centre for different activities. It was found that residents were afforded the opportunity to engage in activities of their choosing. Residents were also supported to maintain personal relationships and links with the wider community. For example, family visits were noted on the daily notes and a resident showed the inspector photos of themselves having coffee out with family members. Family were encouraged to visit the centre. Some residents in the centre preferred a quieter pace of life. It was evident that the person in charge and staff team were encouraging the resident to engage in activities in line with this preference. For example, one resident had a friend come to the centre on a weekly basis. The

resident enjoyed to spend time with their friend and watch them knit during this visit. This activity was also documented in daily notes.

The residents had access to a vehicle to go out and about in the community and to also enjoy day trips away from the centre.

Judgment: Compliant

Regulation 17: Premises

This centre is a large single storey bungalow building adjacent to a busy main road just outside the city of Kilkenny. There was parking to the front of the home.. To access the home you could use a ramp or steps. To the rear was a large patio area and lawn. Well-kept raised flower beds were in place to allow wheelchair users to take part in gardening activities. A poly tunnel was also in place.

The interior of the home had wide corridors. Overhead hoists were also in place in bedrooms and bathrooms. This ensured that best practice was in place in ensuring accessibility of all parts of the home.

Along the corridors, bedrooms and communal rooms there were pictures and other items on display to ensure the centre was presented as homely and well kept. There was a large kitchen-dining room where residents gathered over the course of the day and a sitting room to the rear of the house. All residents had their own bedroom and they were all individually decorated.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide that was submitted as part of the renewal process. This document contained all the required information as set out by the Regulations. For example this document highlighted that visitors were welcome at any time.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the risk management systems in place in the centre. A centre-specific risk register was in place which identified a number of specific risks

and had been reviewed on a regular basis. In order to manage risks related to individuals, individual risk assessments were required. On review of two residents' individual risk assessments, it was found that not all individual risks were being managed through the provider's risk management systems. Although measures were in place to mitigate the risk, the risk had not been assessed and risk rated in line with the provider's policy and procedures.

In addition, not all incidents that had occurred in the centre were recorded on the provider's risk management log. Therefore accurate trending and oversight of all incidents and accidents was not occurring in a comprehensive manner. For example, there was an incident that occurred in March that resulted in the hospitalisation of a resident. This incident was not logged on the NIMS system.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The initial impression of the centre was that it was well kept from a maintenance point of view and very clean. This indicated that good infection prevention and control measures were implemented. Cleaning schedules were in place. Staff had completed the necessary training. Additional storage had been sought to ensure equipment and other items could be stored in an appropriate manner. There were sufficient hand washing facilities for staff and residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the systems in place in relation to fire precautions. There was a fire book in place which logged daily, weekly and monthly check of fire safety requirements. This included checks of the fire alarm, fire doors, fire equipment and fire exits. The provider audit had identified gaps in the recording of these checks but this had been addressed with the staff team. There had been no gaps in the recording since.

Fire drills were occurring at regular intervals. The fire drills were reflective of different scenarios and with the least amount of staff present. All fire drills evidenced that residents could be evacuated in a safe manner. There was a centre specific evacuation plan and personal specific evacuation plans that detailed how to support residents in the event of fire. All these documents had recently been updated to ensure the information was up to date.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were supported in relation to their health needs. They had access to the support of relevant health and social care professionals in line with their needs. On review of two residents file it was found that they had attended General Practitioners (GPs), dental, optical, neurology, chiropody and dietitian appointments in the last 12 months. Staff were knowledgeable in relation to their care and support needs. Documentation was reflective of their current needs and guided staff in providing support to them. For example, residents who required support in relation to their epilepsy had epilepsy care plans in place.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure all residents were safeguarded at all times in the centre. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse. Intimate care plans had been developed for each resident in the centre. The inspector reviewed one resident's intimate care plan and found it was detailed and person specific in line with their assessed needs.

There were no active safeguarding concerns in the centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the service was striving to provide residents with choice and control across service provision. The changes made in relation to access to finances allowed greater flexibility in residents accessing their own money. This was a positive step for all residents.

When speaking about residents, staff used professional and caring language. Interactions were kind and patient and in line with residents' specific assessed needs. Staff were observed to inform residents about upcoming routines during the day and offer choices where possible.

However, regular night checks were occurring for all residents in the centre. This was a historical practice and not aligned to any residents' assessed needs. This required review to ensure that this practice was implemented on a needs only basis.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Fuchsia OSV-0005822

Inspection ID: MON-0035229

Date of inspection: 17/07/2024

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: <ul style="list-style-type: none">• The Residents Personal Property & Finance Policy was discussed at team meeting 20.08.24. Policy will be printed with signature sheet attached that all team members will sign.• PIC will complete On Job Mentoring with all members of the team by 20.9.2024 to ensure and oversee<ol style="list-style-type: none">1. Adherence to Finance Pathways2. associated cost to withdrawing money for cash3. printing off weekly statements and cross check against receipts• PIC completes monthly finance audit of People supported finances to review quality of spend and to ensure oversight of finance policy by 30.08.2024 and every month after that.• PIC to oversee weekly Focus on Future Planning meetings to ensure people supported roles are discussed and followed, and agreement on cash required for each of the ladies in the week, this will lead to one cash withdrawn from ATM.• Bank Statements were received from finance on 31.07.2024 same printed for all four people supported and cross referenced with receipts.• Assets lists for the four people supported will be reviewed to ensure all items are present on the assets list, this will be completed by 31.08.24.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none">• PIC will review of all people supported individual risk assessments and designated risk register log by 20.09.24 to ensure all risk s are being managed and risk ratings are accurate. PIC to ensure risk assessment are reflective of changes.• All staff will read and sign off on their understanding of each risk assessment by 27.09.2024.	

- Incident in March now logged on the NIMS system, same completed 18.07.24
- At team meeting on the 20.08.24 PIC discussed with staff team the importance of recording of incidents using the NIMS system. Minutes of team meeting are available to all team members and PIC ensures they read and sign minutes by 06.09.2024.
- PIC to provide support/mentoring to team members who may require support completing a NIMS incident report by 13.09.2024.
- PIC to ensure all staff completed NIMS training by 06.09.2024.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Restrictive practice policy will be sent to all staff to read and will be discussed at September team meeting on the 25.09.24, all staff to sign minutes of meeting and also policy signature sheet
- PIC to review night checks for all people supported. A discussion and review to be held by PIC and team in relation to all person's needs maintaining dignity and respect for the person. Completed by 22.09.24, night support plans to be updated by then.
- Restrictive practice easy reads to be discussed at Focus on Future Meeting by the 31.08.24
- The restrictive practice reduction monitoring sheet with be completed for each person supported and reviewed weekly.
- Risk assessment in relation to night checks will be reviewed also by 13.09.24.
- The PIC will meet with the Restrictive Practices Committee to discuss restrictions and reductions on 08.10.2024

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 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	20/08/2024
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	27/09/2024
Regulation 09(3)	The registered provider shall ensure that each	Substantially Compliant	Yellow	08/10/2024

	<p>resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</p>			
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