



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

Issued by the Chief Inspector

Name of designated centre:	Breffni Beag
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	15 June 2023
Centre ID:	OSV-0007893
Fieldwork ID:	MON-0031917

About the designated centre

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

Breffni Beag is a designated centre run by GALRO Unlimited Company. The centre can provide respite and shared care for up to seven residents, who are under the age of 18 years and who have an intellectual disability. The centre is centrally located in a town in Co. Laois, close to all amenities, and comprises of one two-storey building , with an adjacent two bedroom annex. During their stay, residents have their own bedroom, access to en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining room, utility and staff offices. There is also the facility of an enclosed garden and external sensory room, with multiple play areas to use as residents wish. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 June 2023	09:50hrs to 16:00hrs	Aonghus Hourihane	Lead
Thursday 15 June 2023	10:00hrs to 16:00hrs	Eilish Browne	Support

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application.

This inspection found that there was a significant number of non-compliance's with the regulations primarily resulting from the failure of the provider to recognise that they offered not only a respite service to young people but they also offered a full time residential service to two young people.

The inspectors met and spoke with the person in charge, senior management and members of staff. The inspectors met with four young people who spoke of how they enjoyed living in the centre. The inspectors also had the opportunity to observe the daily interactions and the lived experiences of the young people in this designated centre.

The centre was registered and had the capacity to accommodate up to five young people for respite breaks and two young people in shared care.

Breffni Beag comprised of one two story building with an adjacent two bedroom annex. The house was located in the centre of a town with access to local amenities. The inspectors visited both the main building and the annex during the course of the inspection. There was a relaxed and homely atmosphere in the centre. Inspectors found that the premises was clean, maintained to a good standard of repair and was laid out to meet the assessed needs of the young people availing of the service. Each young person had their own bedroom, one of which was en-suite. Young people had access to two sitting rooms in the main building. Both of which were decorated in a child friendly manner with stickers of the ABC's and The Cat in the Hat. There was also two televisions, numerous young people's toys and bean bags. Staff informed the inspectors that young people had a choice of the two sitting rooms, one young person in particular enjoyed spending their time alone in the smaller sitting room as it was much quieter. The centre had a large open plan well equipped kitchen with multiple photographs of the young people participating in various activities proudly displayed throughout.

Inspectors also visited the purpose built sensory room located on the grounds of Breffni Beag. The room contained various sensory equipment, comfortable padded seating, sensory lighting and a projector which was used to show calming pictures. Staff informed the inspectors that one of the young people enjoyed having movie nights in the sensory room accompanied by staff. The young people also had access to an enclosed garden to the rear of the property with a swing and slide set and ground level trampoline. The gardens were well maintained and were decorated in a young person friendly manner with tyres decorated as 'the minions' as pots for

plants. The centre also had two dedicated vehicles, which could be used for outings and to facilitate school runs.

On the day inspection, the inspectors had the opportunity to meet with young people. One young person had recently moved into the separate two bedroom annex and had home tuition on the day of the inspection. They invited the inspector to see their room as they wanted to show them the sequin dress they had worn to their birthday party organised by staff. They told the inspector they enjoyed living in the centre, they felt safe and loved the food cooked by staff members especially Mexican. They also went out for lunch twice during the week and got takeaway on a Friday evening. They spoke about other activities that they liked doing including going for walks, reading, colouring and going for a massage every week. The young person was planning their transition to a new residential placement in more suitable accommodation. They were delighted to tell the inspector that they had chosen the colour scheme of their bedroom as well as their bed linen. They also requested a member of staff to move to the new centre with them, this was facilitated by the provider to ensure continuity and to aid the transition.

Inspectors had the opportunity to meet with three young people when they returned from school shortly after 3pm. The young people were comfortable and relaxed at all times. The centre was filled with noise and activity with staff preparing the young peoples preferred food. The staff team were very knowledgeable and familiar with their assessed needs and specific communication styles. The staff were kind, caring, and very respectful in their interactions with the. Two of the young people told inspectors they enjoyed their respite stays and that they had made friends since coming to the centre. They were looking forward to going to the park for ice cream in the evening. The person in charge explained that when planning respite placements, consideration is given to the compatibility of young people, which enhances the enjoyment of the breaks for all young people. The third young person did not engage with inspectors, however, they appeared comfortable in their surroundings and staff were observed to be person-centred, attentive and caring in their interactions with them.

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 the young people's lives.

Capacity and capability

The provider offered a variety of respite breaks to forty five young people. Some of these young people attended the centre on a regular basis and other young people had not attended since before the start of Covid-19. The service offered by the provider was primarily based on young people attending for respite generally for two or three nights a month. The primary responsibility for the young peoples health,

welfare and education generally rested with their parents or guardians with the provider ensuring that the parents or guardians wishes were consistently implemented during respite stays of generally a short duration. The respite service appeared to be well managed with the provider ensuring that consideration was given to compatibility between young people, that there was adequate resources to meet individual needs of the young people and that respite stays didn't interfere with the education on offer to the young people. The respite service also received positive feedback from parents and guardians as part of the annual review of the service. It was also clear that the young people on respite that the inspectors met were happy, confident and positive about the service. The person in charge and other staff also had good knowledge of the young people on respite.

The designated centre had an experienced person in charge in place as well as centre manager. They both worked full time in the centre. The provider also has an experienced staff team who had worked together for a substantial time. Management reported that there were no significant concerns in ensuring that there was a full roster and that the staff team supported each other well.

There were two young people living in the service on a full time basis. One of these young people had lived in the centre for three years and the other young person for eight months. The provider had consistently failed to ensure that the health, welfare and development of these young people was in line with their responsibilities under the regulations. There was no real or meaningful assessment of need completed for either young person, there was no comprehensive medical or educational history available including comprehensive vaccination or school reports. There was no evidence of comprehensive personal plans, no evidence of annual reviews and no stated goals for any period that the young people had resided in the centre.

The concerns pertaining to how the centre was operating in particular in relation to the care and support offered to these two young people was brought to the attention of the provider on the day of the inspection. The provider's representative recognised immediately the failures and committed to taking immediate and meaningful steps to address the concerns as outlined to them.

Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role. The person in charge was only responsible for this centre and had the extensive experience and knowledge in relation to the young people using the service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the registered centre was staffed in line with the assessed needs of the residents. The provider had an actual and planned rota available for review. On the day of the inspection there were five staff scheduled to be on duty to meet the needs of the residents staying at the centre on respite. The provider further ensured that the residents who lived in the centre on a full time basis had adequate staffing to meet their on-going needs. The person in charge had plans in place for one staff member to transition with a resident when they moved to their new designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was able to evidence that all the staff team had obligatory and desired training as stipulated by the provider. The provider had a system in place to alert both the provider and staff members in a timely manner when refresher training was due. There was clear written evidence that staff had training in areas such as Children First, fire safety, restrictive practices and various different aspects of infection prevention and control. The provider offered training to staff through on-line courses, social care tv and in-person as arranged by the provider itself.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available upon request. The provider had ensured that the directory of residents was up to date and contained all information as required by the regulation.

Judgment: Compliant

Regulation 21: Records

The practices in relation to record keeping for two residents in particular living in the centre were poor. There was no evidence of important documents such as assessments of need, birth certs, school reports, health reports and referrals. The provider was not operating the centres records in accordance with schedule 3 of the

care and support of residents in designated centres for person (children and adults) with Disabilities Regulations 2013.

Judgment: Not compliant

Regulation 22: Insurance

A valid insurance certification was presented upon request. This was reviewed and was found to be satisfactory.

Judgment: Compliant

Regulation 23: Governance and management

The provider was essentially operating both a respite and a residential service at the same designated centre. The policies, procedures and processes pertaining to the respite service ensured that the young people availing of respite were well cared for and their experiences of respite were positive,

The provider had failed to fully appreciate its role and responsibilities when the service it offered changed from respite to residential care. The providers own oversight and monitoring systems did not identify the short comings in relation to the service offered to the two young people residing full time in the centre.

The provider had failed to ensure that these young people had a comprehensive assessment of need while they lived in the centre, there was no evidence that these young people had medicals on admission, annual health checks or access to dental services. There was no evidence that the provider reviewed their education provision. The provider had failed to promote the rights of one young person where there was no evidence that the provider had ensured they had access to state benefits or independent advocacy services.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had contracts for the provision of service that did not reflect the service they offered. Two residents had old contracts for respite care when in fact they both lived on a permanent basis in the designated centre. The contracts did not outline the support, care and welfare to be offered to the residents. The

registered provider did not consult or get a resident who had the capacity to give consent to sign or agree a contract for the provision of services.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was recently updated in May 2023, however, it did not describe accurately the service that was in operation on the day of the inspection and was therefore was not in line with Schedule 1 of the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013. The statement of purpose outlined that the centre could accommodate up to five children for respite breaks and two children in shared care however, on the day of inspection two young people were in receipt of a full time residential service in the designated centre

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspectors were satisfied that the provider and person in charge were submitting the required notifications to the Chief Inspector in writing within three working days following any adverse incidents occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider ensured that an effective system was in place to address and resolve any issues raised by the young people or their representatives. The complaints procedure in place was presented in a young person friendly format. The procedure was made available to young people at the beginning of their respite stay and was prominently displayed throughout the centre. There was no evidence of any complaint in 2022 or 2023. There was also a fair and objective appeals process in place.

One of the young people was able to describe who they should speak to if they had an issue of concern.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre. They had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013. An inspector reviewed a sample of the policies during the course of this inspection.

Judgment: Compliant

Quality and safety

The respite service offered to the young people in the centred was of a good quality. The centre was large, well resourced and overall was maintained to a high standard. The provision of a separate on-site sensory room ensured that the provider could offer an enhanced level of service to the young people availing of respite. The provider also ensured that the young people had access to a substantial outdoor space for play that was also well equipped.

The provider ensured that good systems were in place for ensuring that the young people attending the service were generally matched, had shared interests and as such this enhanced their respite experience.

The provider ensured that there was good systems to manage the high level of transitions within the service during periods when respite started and finished for young people. The provider maintained high standards of cleaning and disinfection of the centre during these transitions.

The provider had a good organisational system in place to ensure quality communication with parents and guardians and overall appeared to manage well the often busy lives of the young people attending the service. The provider ensured that the young people attended education and had access to various social activities both within and outside of the centre.

The provider could clearly demonstrate a working system to manage the finances for those attending respite, the files of one young person were reviewed and it was clear that staff were ensuring that receipts were sought and monies left over were returned to the respective parent/guardian.

As stated in other sections of this report the provider was providing both a respite service and also a residential service to two young people. The service provision and systems that the provider had in place for the respite service were inadequate for the young people who resided permanently in the centre. There was a lack of information pertaining to both young people in respect of their early lives, their health and their education. The absence of a comprehensive assessment of need for either young person impacted significantly on the quality of service offered to both young people as there was a lack of guidance for staff as to how to best manage all aspects of the lives of these two young people.

Regulation 10: Communication

Staff ensured that different communication needs of each individual young person were met within the centre. The young people were assisted and supported to communicate in accordance with their assessed needs and wishes with the use of pictorial images and easy read documents to assist as necessary.

Judgment: Compliant

Regulation 11: Visits

There was no restrictions on visitors to the centre. The centre had the facilities to accommodate visitors. Most of the young people utilising the service did so as part of a respite plan and access to family or significant others was not a concern. The two young people living in the centre on a permanent basis had regular access to their family members and this was facilitated by the provider.

Judgment: Compliant

Regulation 12: Personal possessions

The young people had access to and retained control of their personal property and possessions within the centre. It was evident individuals personal possessions were respected and protected, the person in charge maintained a personal inventory record which involved the check in and check out of all personal possessions when the young people were availing of the respite service. There was also adequate space and storage in each bedroom to store personal belongings. The provider had a system in place which ensured linen was laundered as required and returned to the correct young person.

Judgment: Compliant

Regulation 13: General welfare and development

The young people were supported to access education through home tuition and through attendance in different schools in the area. The registered provider also provided the young people with numerous opportunities to play as they had access to the purpose built sensory room and the play area in the garden. The young people were also encouraged to develop relationships with their peers during their respite stays.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose and met the aims and objectives of the service and suited the needs of the young people. There was adequate private and communal accommodation in the centre. The living environment provided opportunities for both rest and recreation. The young people had access to both indoor and outdoor play areas. The physical environment was homely, clean and kept in good structural and decorative repair.

Judgment: Compliant

Regulation 18: Food and nutrition

The young people had access to ample quantities of fresh and nutritious food. There were adequate facilities to store all food hygienically. It was clear through review of the handover book that the young people were offered plentiful choice as they often chose to have different types of food to their peers at meal times. Staff members ensured food was available at times suitable to each individual young person. The young people spoken to on the day of the inspection also expressed their satisfaction with the variety of food available.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was one resident that was due to transition out of the centre in the coming months. The provider had ensured that an appropriate and supported placement was available. The provider had a transition plan, that was under regular review and did address the pertinent areas of support for the young person.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place in the centre. The provider had identified a number of risks within the centre and measures and actions in place to control the identified risks. However the provider needed to ensure that the risk management procedures in place were reflective of the type of service that was operated from the designated centre.

The provider also needed to ensure that the arrangements for investigation and learning from serious incidents were formalised within the centre. There was one serious incident involving the actions of a young person in May 2023 and the provider needed to ensure that the incident was formally reviewed in line with its own policies and procedures as well as the regulations.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The young people were protected by the infection prevention and control policies, procedures and practices in the centre. A contingency plan was in place for the designated centre with clear processes set out. There were clear management arrangements in operation to ensure the effective delivery of infection prevention and control. A walk around of the designated centre showed that the environment was clean, safe and well-maintained to protect and minimise the risk of infection to the young people. The provider implemented detailed cleaning schedules to guide staff on the frequency of cleaning. The cleaning schedules reviewed were up to date and provided evidence of the daily and weekly tasks carried out by staff.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place. These included emergency lighting and signage, servicing of fire detection and firefighting equipment, and staff were trained in fire safety. Regular fire drills were practiced in the centre and each young person had a personal fire evacuation plan in place to guide staff as to the assistance required.

Since the last inspection the provider ensured that the centre's fire detection system was extended to include the external sensory room so that in the event of a fire staff would be alerted in the main building.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was no comprehensive assessment by an appropriate health care professional, of the health, personal and social care needs of two young people living in the designated centre. The information to inform such an assessment was not available within the centre. The provider was unable to evidence during the inspection that the designated centre was suitable for the purposes of meeting the needs of these two residents in the absence of an assessment.

The personal plans for two young people did not reflect the assessed needs of the young people as no assessment had taken place. The personal plans for the two young people were not reviewed in line with the regulations.

There were no clear goals for these young people and it was unclear how the provider was involving the young people in their plans.

Judgment: Not compliant

Regulation 6: Health care

The registered provider did not provide appropriate health care for two young people residing in the designated centre. There was no evidence that either young person had a medical on admission to the centre and no evidence that either young person was having annual medical reviews. There was no evidence available that either young person had been offered dental appointments since their admission to the centre. There was no comprehensive medical history available for either young person in the centre.

Judgment: Not compliant

Regulation 8: Protection

There was no active safeguarding plans in place in the centre at the time of the inspection. There had been no reports or notifications to the chief inspector of any safeguarding issues. The staff team had training in Children First. The provider had also taken pro-active steps in recent months to enhance the safety measures for all residents by moving one young person to a different part of the centre as part of a change in the level of risk within the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured that the designated centre was operated in a manner that promoted the rights of the young people. The operational documentation for one young person consistently referred to the resident as a child when in fact they had turned eighteen in late 2022. The young person was not receiving any state benefits to which they clearly had an entitlement to. The provider had not taken pro-active steps directly to ensure the young person was facilitated to exercise choice, control and achieve legal entitlements. The provider had not offered advocacy services to the young person or information about their rights.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Breffni Beag OSV-0007893

Inspection ID: MON-0031917

Date of inspection: 15/06/2023

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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: We will ensure that all records in relation to each resident in the centre, as specified in Schedule 3, are maintained and are available for inspection by the Chief Inspector.</p> <p>We will ensure that residents who are unable to be discharged as scheduled will have records in place in accordance with that of a residential placement until the situation is resolved.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will ensure that the designated centre is properly resourced to ensure the effective delivery of care and support, in accordance with the revised Statement of Purpose which will reflect that respite users may require a residential placement in certain circumstances.</p> <p>We will ensure that all residents have an up-to-date assessment of need on admission and that there is an annual review of the quality and safety of care and support in the centre, which is in accordance with standards. This will ensure there is evidence of annual medical checks, annual assessment of need review, to include annual dental checks, state benefits, if applicable, and independent advocacy.</p> <p>We will carry out unannounced visits, at least once every six months, and prepare a</p>	

written report on the safety and quality of care being provided in the centre, and put a plan in place to address any concerns found regarding the standard of care and support.

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

We will ensure that each application for admission to respite is determined on the basis of transparent criteria and specifically in accordance with the Statement of Purpose for the centre.

We will agree with each resident, or their representative, a written contract for the provision of service. The contract for the provision of service will detail the terms on which the resident will reside in the centre.

The contract for the provision of service will provide details of the support, care and welfare of the resident in the centre and will detail the service to be provided for that resident, dependent on their individual circumstances.

The contract for the provision of service shall be consistent with the residents' needs, as assessed, in accordance with the relevant Regulation and the Statement of Purpose.

Regulation 3: Statement of purpose

Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

We will revise our Statement of Purpose to ensure it accurately describes the services in operation in the centre. We will include an addendum to the Statement of Purpose to recognise that respite users may over stay the respite period and the individual circumstances will be assessed to determine if a residential placement is required until the situation is resolved.

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: We will ensure that all serious incidents are reviewed formally, in line with our policies and procedures, as well as the regulation.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: We will ensure that a comprehensive assessment of need is carried out by an appropriate professional for each resident prior to their first admission to the respite centre. Subsequently, we will ensure that the assessment of need is reviewed as required to reflect the resident's changing need or circumstance. We will ensure that a review of the assessment of need will be carried out at least annually.</p> <p>We will ensure that each resident's needs are met and the designated centre is suitable for the purpose of meeting those needs.</p> <p>We will ensure that personal plans are reviewed if there is an identified change in need, but all personal plans will be reviewed at least annually.</p> <p>We will ensure that the personal plan review will include participation of the resident, or their representative, and the review will be conducted in accordance with the resident's wishes, age and the nature of their disability.</p> <p>All personal plan reviews shall take account of any changing circumstances or new developments in respect of the individual.</p> <p>We will ensure there are clear and achievable goals identified and worked upon with the relevant residents.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p>	

We will ensure that appropriate health care is provided for each resident, having regard to their assessment of need, personal plan, individual circumstances and admission duration.

We will ensure that a medical practitioner is made available to each resident.

We will ensure that if a resident requires services provided by Allied Health professionals that access to such services will be provided.

We will ensure there is a comprehensive medical history attained for residents.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
We will ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic culture and cultural background of each resident.

We will ensure that each resident has the freedom to exercise choice and control in their daily lives, in accordance with their wishes, age and the nature of their disability.

We will ensure that each resident has the freedom to exercise their civil, political and legal rights, in accordance with their wishes, age and nature of their disability.

We will ensure that each resident has access to advocacy services and information about their rights, in accordance with their wishes, age and nature of their disability

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	28/07/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	28/07/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care	Not Compliant	Orange	28/07/2023

	and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	28/07/2023
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	28/07/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the	Not Compliant	Orange	28/07/2023

	terms on which that resident shall reside in the designated centre.			
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.	Not Compliant	Orange	28/07/2023
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	28/07/2023
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	28/07/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing	Not Compliant	Orange	28/07/2023

	the information set out in Schedule 1.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Not Compliant	Orange	28/07/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/07/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	28/07/2023
Regulation 05(6)(a)	The person in charge shall ensure that the	Not Compliant	Orange	28/07/2023

	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 be multidisciplinary.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	28/07/2023
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	Not Compliant	Orange	28/07/2023

	assess the effectiveness of the plan.			
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Not Compliant	Orange	28/07/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	28/07/2023
Regulation 06(2)(a)	The person in charge shall ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available to the resident.	Not Compliant	Orange	28/07/2023
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the	Not Compliant	Orange	28/07/2023

	registered provider or by arrangement with the Executive.			
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Orange	28/07/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	28/07/2023
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Not Compliant	Orange	28/07/2023
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with	Not Compliant	Orange	28/07/2023

	his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
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