



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

## Issued by the Chief Inspector

Name of designated centre:	No. 1 Woodview
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	06 February 2025
Centre ID:	OSV-0008269
Fieldwork ID:	MON-0037622

## About the designated centre

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

No. 1 Woodview consists of a large detached dormer bungalow and another detached bungalow located beside one another in a housing development in a town that is within a short driving distance to nearby city. The centre can provide fulltime residential care for a maximum of seven residents of both genders, over the age of 18. The centre can support residents with intellectual disabilities and autism. Support to residents is provided by the person in charge, team leaders, nurses, social care workers and care assistants. Each resident has their own individual bedroom. Other rooms in both houses include living rooms, kitchens, bathrooms and staff rooms.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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
Thursday 6 February 2025	09:35hrs to 17:25hrs	Kerrie O'Halloran	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to inform the decision-making about the renewal of the centre's registration. From what the inspector observed, residents enjoyed a good quality of life and were well cared for in this designated centre. The designated centre comprises of two separate houses located next door to each other. These houses were home to seven residents in total. On the day of the inspection, the inspector visited both of these houses. The inspector had the opportunity to meet with six residents during the inspection. The centre was located in a suburb of a city.

The inspector made a brief visit to one of the houses on arrival. They were greeted by the social care leader of the house and had a tour of the premises. The premises were well maintained, clean throughout and well furnished. The residents had access to a garden at the rear of the property which had a vegetable patch and the social care leader told the inspector about how the residents enjoy gardening.

Here the inspector met two staff who were also on duty that morning. Three residents living here were also met briefly. One resident had left earlier that morning to attend their day service. The residents here did not communicate verbally but appeared to be supported well by staff. For example, meeting new people for one resident can be difficult so the staff supported the resident to meet the inspector briefly and they were seen to provide reassurance. That morning the residents had planned to attend mass and go for lunch after.

The inspector visited the other house in the designated centre and spent the remainder of the inspection in this house. The inspector was greeted by a staff member and met three of the residents living here. The premises here were also well maintained, homely and clean throughout. Residents in this house had chickens in the rear garden and the staff told the inspector which residents enjoyed helping with the chickens.

Residents living here were non-verbal so some interactions with the inspector were limited. The inspector therefore observed their activities and interactions with staff. Staff were very familiar with the residents' communication needs. A staff member informed the inspector that one of the resident's vocalisations were a sign that they were happy. For example, staff supported the resident to go out for lunch and on return the inspector could hear the resident, as they were very pleased with their planned activity.

The inspector spoke to five staff members during the course of the day in this house. The inspector found them to be knowledgeable about the residents' needs and they could describe the rationale for the ways in which they were supporting residents. For example, one of the resident's required one-to-one support for safety reasons, but also liked to spend time alone in a living room area of the house so staff based themselves in the hallway or entrance lobby, so that they could make

discreet observations whilst respecting the choice of the resident.

Some residents had activities in the community and were involved in hobbies such as swimming, attending mass and walking. Others enjoyed pastimes in their home which included sensory activities. Some residents were observed to be enjoying music and interactions with staff.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival through the use of questionnaires. Three residents with the support of staff had completed the questionnaires. It was noted that staff support residents with choices and with communication, and that residents were generally happy in their home and enjoyed the space and access to alone time if they wished.

Overall, residents were supported to have a comfortable and meaningful life, with an emphasis on supporting communication and preferences and generally there was a good standard of care and support in this designated centre.

The next two sections of the report present the findings of this inspection about the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered

## **Capacity and capability**

There was a clearly defined management structure in place and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices and in quality improvement in various areas of care and support.

The annual review of the care and support of residents which had been undertaken by the provider included information about the views of residents and their families. Family members said that their relatives were happy and well looked after. They said that they were involved in any decisions relating to the care of their relatives and were kept informed.

There was an appropriately qualified and experienced person in charge who was a daily presence in the centre and involved in the monitoring and oversight of care and support.

There was a competent staff team who were in receipt of relevant training and demonstrated good knowledge of the support needs of residents. Staff members were appropriately supervised by the person in charge.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided.

<b>Registration Regulation 5: Application for registration or renewal of registration</b>
The application for the renewal of the registration of this centre was received and contained all of the information as required by the regulations.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
There was an appropriately qualified and experienced person in charge who demonstrated clear oversight of the designated centre and leadership of the staff team. They outlined ways in which they kept up to date and described their role in quality improvement in the centre. At the time of the inspection the person in charge had a remit over three designated centres and this was being reduced in the coming weeks.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
<p>There were sufficient numbers of staff to meet the needs of residents during both the day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents.</p> <p>The inspector met seven staff members and a social care leader. The inspector found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents through speaking with staff or observation. For example, they could describe the support required in the event that residents needed to evacuate the centre, and knew about the specific communication needs of each resident.</p>
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff training was up-to-date and additional training was provided in relation to the specific support needs of residents. For example epilepsy training and oxygen

<p>training had been provided, based on the assessed needs of the residents living there.</p> <p>Staff supervisions were being held by the person in charge and a schedule was in place for supervisions for 2025.</p>
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
<p>The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.</p>
Judgment: Compliant
<b>Regulation 22: Insurance</b>
<p>The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.</p>
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>There was a clear management structure in place and all staff were aware of this structure and their reporting relationships.</p> <p>Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place on 4 February 2025 and prior to this, during August 2024. An annual review of the care and support of residents had been prepared in accordance with the regulations. This was a review which examined areas of operation of the designated centre. Feedback from staff and residents family members had been sought through the use of surveys which were sent out by the provider. Information from these surveys was included in the review and positive comments were received.</p> <p>The audits and the six-monthly unannounced visits identified actions for improvement and these were monitored until complete. Actions reviewed by the</p>



inspector included dates to be scheduled for staff supervision and this was seen to be completed on the day of the inspection.

The person in charge ensured that a number of audits were being completed in the designated centre. The inspector reviewed the audits such as person in charge house/centre audit. This was a comprehensive audit which included health and social care needs, staffing, welfare and development, premises, staff training and development.

Regular staff meetings were held and a record was kept of the discussions which included safeguarding, fire safety and the care and support of residents. There were regular meetings of persons in charge in the organisation and there was evidence of shared learning taking place at these meetings. For example, at a recent meeting, respiratory illness was discussed due to the rise in cases of these type of illnesses . Safeguarding and document updates were some of the other items discussed at these meetings.

The inspector was assured on reviewing these systems, that there was effective monitoring and oversight in the centre and that quality improvements were on going.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

The inspector reviewed three of the seven contracts in place for the residents in this designated centre. The service had individual service agreements in place for residents which clearly outlined the terms and conditions of the resident care and support provided. The service agreement also included information such as the fees that residents were paying.

These individual service agreements that were in place had been recently updated and signed by the resident's next of kin or nominated family representative in January and February 2025. An easy read guide and service agreement was also in available.

However, it was unclear from a review of documents and speaking with the person in charge if the residents had been consulted in a review of these service agreements. This will be discussed under Regulation 9; Residents' Rights.

Judgment: Compliant

#### Regulation 3: Statement of purpose

<p>The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. This included all of the required information and adequately described the service.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. On the day of the inspection the inspector also reviewed the centre's incident log from August 2024 up to the date of the inspection. The documents showed that, as per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>The provider had suitable arrangements in place for the management of complaints. There was a designated complaints officer nominated. There were no open complaints on the day of the inspection.</p> <p>The service had also received some compliments. For example, one family member thanked the staff as they were delighted with the care their relative was receiving.</p>
<p>Judgment: Compliant</p>
<p>Regulation 4: Written policies and procedures</p>
<p>All policies required under Schedule 5 were in place. However, two of these policies had exceeded the three year review period by the provider. These included:</p> <ul style="list-style-type: none"> <li>• Monitoring and documentation of nutritional intake was due for review in December 2024.</li> <li>• Residents' personal property, personal finances and possessions was due for review since January 2025.</li> </ul>
<p>Judgment: Substantially compliant</p>

## Quality and safety

The findings of this inspection indicated that residents were well-supported in areas such as health care, communication, general welfare and development. Some areas required review, such as, fire precautions, risk management procedures, individual assessments and personal plans and residents' rights.

Residents living in this house had previously lived in a campus setting. It had been over two years since some of the residents had transitioned into community living and the inspector was informed of the benefits and positive impact this had on the residents.

Each house had its own transport available. This has not been the case for residents when living in their previous homes. Residents had settled into the community and were attending mass in the local church and visiting local shops and barbers. The inspector was also informed that a resident was enjoying exploring new clothing items that they would choose. Residents in one house had enjoyed a trip away, while others visited local events such as Christmas light displays.

Residents had personal plans in place also. The inspector reviewed the personal plans of three residents. These plans were seen to have been recently reviewed. As part of the personal planning process, goals had been recently identified for residents which including trying new activities such as afternoon tea. However, it was unclear for some residents what their goals were and if these goals were part of their daily lives already, therefore this required review.

Some staff had received training in human rights and assisted decision making and could discuss the ways in which they supported the rights of residents to make their own choices and to have their voices heard. For example, the staff supported residents with monthly residents meetings and one resident had been supported to meet an advocate. Residents chose their daily routines and outings using picture exchange communication and other visual picture aids. Residents had a weekly timetable displayed on the wall in the hallway. This required review to ensure residents autonomy and will be further discussed under Regulation 9: Residents' Rights. Residents had also received a new Individual service agreement, however there was no documented evidence to ensure that the residents had been spoken with about their new contracts.

## Regulation 10: Communication

Residents were supported to communicate in various ways in accordance with their needs and abilities. Residents who were met with on the day of inspection did not

communicate verbally, and there were various strategies in place to support them.

Easy-to-read read documents had been developed to assist residents in understanding. For example, staff showed the inspector the visual staff planner and meal planners that were on display.

There was a detailed section in each resident's personal plan about communication, which included information as to how best to communicate with each resident. There was information about the types of gestures used by residents and about the expressions that residents would not understand. For example it identified one resident may not understand the word 'yes' or 'no' and it provided an alternative to communicate this to the resident.

Staff were knowledgeable about the ways in which residents communicate, and were observed to be implementing the communication care plans while interacting with residents. A staff members explained the communication aids for one of the residents, what some of the gestures and signs used by residents meant and how they would respond. Later in the inspection, the resident led the inspector to a drawer and the staff member informed the inspector the resident was looking for a personal item. The inspector observed the staff member inform the resident that their item was in their bedroom and the resident lead the staff member to get the item.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had access to facilities to launder their own clothes and a resident was observed with staff support hanging up their laundry outside. Residents' bedrooms also had sufficient storage facilities, such as wardrobes to store their personal belongings.

The inspector reviewed the personal possession lists of three residents. These had been recently reviewed and were detailed. They also included all of the resident's personal belongings.

Most residents living in the service had person in care accounts and management supported residents to access their own money from these accounts. It was identified in previous inspections in 2023 and 2024 that a resident did not have full access to, or control over their own money. It was seen on this inspection that this had been progressed and the resident had met their advocate in January 2025. The resident's recent personal planning meeting also identified discussion around the resident's finances. The person in charge also highlighted that the resident was never short of finances and would continue to progress this for the resident. It was also an identified goal for the resident.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were being supported to enjoy a good quality of life and had access to numerous activities, both in their home and out in the community. Activities were tailored to meet the individual needs of residents and there was a person centred plan in place for each resident.

Preferred activities were clearly outlined and the likes and dislikes of each resident were recorded. One of the resident's plans indicated that they enjoyed sensory items, while others enjoyed going to the shop to get treat or doing a weekly food shop. Each resident had a record of activities they were completing. Residents enjoyed going to cafes and restaurants, going to the cinema, attending mass and going to events or shows.

The records and the observations of the inspector throughout the inspection indicated that residents were supported to have a meaningful day and to be occupied in accordance with their preferences and abilities.

Judgment: Compliant

### Regulation 17: Premises

The premises of this designated centre was comfortable, homely and well furnished. The house and grounds were clean and generally in a good state of repair. Residents each had their own bedroom and they were personalised as they wished. Residents had adequate storage space for their personal belongings and clothes. The houses had suitable kitchens, bathrooms, gardens and communal living spaces for the number and assessed needs of the residents.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available in the centre and was reviewed by the inspector. The residents' guide contained all of the information as required by the regulations, including the procedure for making a complaint and how to access copies of inspection reports of the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems and processes in place for risk management at this centre. There was a policy in place for risk management. The centre had a risk register and these risks had been reviewed recently. Residents had individual risk assessments in place, where risks to their well being and safety were identified, assessed and in general kept under ongoing review.

However the following required action:

Some controls required review to ensure that they were consistent with the supports required for each resident and the supports in place for each resident. For example, one residents risk assessment for transport did not identify the staffing they would need have as a support. Another risk assessment for the same resident was reviewed and a control measure was that the resident would require two staff members to be present when accessing the community. When speaking to the person in charge it was identified the resident had these supports in place when accessing transport also.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire fighting systems were in place such as a fire alarm system, fire doors, fire extinguishers, emergency lighting and signage.

Staff also completed weekly fire checks. These checks documented that the centre had fire precautions in place and in working order. For example, exits were clear, fire doors were in working order, lighting and fire extinguishers and the fire bag were all in place.

There was a procedure in place for the evacuation of the residents and staff, however, this required review. Both houses contained oxygen cylinders. It was identified on the fire evacuation training form that the oxygen cylinder was to be removed in the event of a fire. This was being completed by staff during fire drills. One house had this identified on their fire evacuation procedure, however the other house did not have this identified on their fire evacuation procedure.

Fire drills were completed regularly. One house had completed fire drills monthly to support residents to build their skills in evacuation. This house also had one night staff on during night and fire drills were in place to reflect this minimum staffing at

night.

Each resident had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre. However, some of these required review to ensure a plan was in place for residents who were prescribed an emergency medication

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of need was completed for each resident. The inspector viewed three of the residents' files. Where a need was identified, care and support plans were developed. These were seen to be kept under ongoing review and updated as required.

Residents were supported to identify and set goals for the future in their yearly planning meetings. Residents were seen to be part of these meetings along with family members with the support of staff and management of the designated centre. Goals were found to be kept under review by the residents' identified key worker. However some goals recorded required review, as it was unclear as to what the goal was for the resident. For example, one goal heading was "best possible health" however on reading the goal it identified what the resident likes in their home and the amenities they have access to in their home, such as space and chickens in the rear garden.

Some of the residents' goals had been achieved with the support from staff. These included going on a planned holiday, attending a summer show and keeping in touch with family members.

Judgment: Substantially compliant

### Regulation 6: Health care

Health care was well managed. There were detailed health care management plans in place for residents. The inspector reviewed some of these plans, for example, one relating to dysphagia and the other relating to pica, and found them to be current and regularly reviewed. These plans included clear guidance for staff to support residents with their health care needs. For example, the plan in place for dysphagia had clear guidance on the supports in place, such as a textured diet and to ensure a family member is updated with any changes to the plan as they visit home.

Residents had access to various members of the multi disciplinary team, including positive behaviour support and speech and language therapy. They were supported

to attend other appointments as required such as general practitioner visits or consultant visits as required.

Staff were aware of the health-care needs of residents and could describe any required interventions and the rationale for them. For example, the inspector asked a staff member about a resident accessing the rear garden and helping with the chicken in place. The staff immediately discussed how they would support the resident's to do so in a safe manner, identifying the residents supports in place as per their pica health-care plan.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to maintain contact with their families and friends, and visitors were welcomed to the centre. Residents were also supported to keep in touch with their families who lived aboard.

The person in charge described various ways in which they upheld the rights of residents and supported them in making their own decisions and choices. For example, residents had monthly residents meetings in place in which one resident had access to an advocate to support them. Residents used pictures and visual aids to support them with their choice of meals, as well as activities that would be completed in the centre.

During the walk around of the premises with a member of staff, the inspector observed a weekly activity planner displayed in the hallway for all residents activities. This planner had the initials of each resident on it. The staff member informed the inspector it was a useful tool so that staff could use and see the residents' activities. However, this required review to ensure the resident's privacy.

Residents had an individual service agreement in place and the inspector reviewed three of these. An easy-to-read document was also in place. It was seen by the inspector that this had been recently signed by the resident's nominated family representative. However, it was unclear from the documents reviewed and speaking with the person in charge if the residents had been made aware that an updated individual service agreement was in place.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	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 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for No. 1 Woodview OSV-0008269

Inspection ID: MON-0037622

Date of inspection: 06/02/2025

## 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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  The Provider will ensure that its National Food and Nutrition and Hydration Policy and Local Procedure for the Management of Monies that belong to people supported, which have been updated and are at final consultation stage will be finalised by 30 April 2025.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The provider risk management procedures include regular review of risk at the Centre. A thorough review and update of the centre's risk register and risk assessments has been carried out to ensure existing control measures in place were documented accurately. While conducting this review the person in charge made amendments to a resident's risk assessment evidencing the supports that are in place for one resident regarding staffing levels required when supporting on transport and in the community. 1/03/2025	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions : The Provider has ensured the following actions; • The Person in Charge (PIC) reviewed the Fire Evacuation Procedures for both houses and updated the procedure to include the removal of oxygen cylinders in the event of a fire. 1/03/2025 • The Person in Charge (PIC) reviewed the Personal Emergency Evacuation Plans	

(PEEPs) for each resident in the centre to ensure that the plans clearly documented procedures for taking emergency medications for residents, who are prescribed such medications, in the event of a fire. 1/03/2025	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge (PIC) has reviewed the Personal goals with the residents' key worker to ensure that the documentation is clear, and that the goals are meaningful, achievable, and supported by evidence demonstrating their contribution to the residents overall well-being. 1/03/2025</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Provider is committed to the protection and promotion of the rights of all residents and has ensured the following actions;</p> <ul style="list-style-type: none"> <li>• The weekly activity planner displayed in the hallway was reviewed to ensure it respects residents' privacy. Residents' initials have been removed, and replaced with color codes to ensure anonymity. 21/02/2025</li> <li>• While individual service agreements are in place, the Registered Provider will ensure that the easi-read version of the agreement is sent to the residents when issued to their representative. The Person in Charge will ensure residents are made aware of updates and ensure they have the opportunity to discuss any changes with their key worker or family representative. 1/03/2025</li> </ul> <p>The Person in Charge (PIC) held a residents' forum meeting on 1/03/2025, during which the contracts of care were discussed using an easy-read format. The PIC clarified that the contracts had been sent to their family representative for signing on their behalf and explained that these contracts are available in the directory of residents for reference.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	01/03/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	01/03/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where	Substantially Compliant	Yellow	30/04/2025

	necessary, review and update them in accordance with best practice.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	01/03/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	01/03/2025
Regulation 09(3)	The registered provider shall ensure that each 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	Substantially Compliant	Yellow	21/02/2025

	personal care, professional consultations and personal information.			
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