Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	10 August 2023
Centre ID:	OSV-0004828
Fieldwork ID:	MON-0031569

About the designated centre

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

Goldfinch No 1 is a residential service providing full-time care for adults with intellectual disabilities. The centre comprises of three residences located in Limerick City environs. The houses are all located in residential areas with good access to public transport, local shops and amenities. There are two houses both of which are two-storey with parking facilities at the front and garden areas at the rear of the properties. Each of these properties supports four residents. The third residence is a self-contained, one bedroom apartment with a small garden area to the rear of the property and is located adjacent to one of the houses in this designated centre. All residents have their own bedrooms; there are adequate dining and kitchen facilities in each area. Each residence has a sitting room /reception area to receive visitors. Residents have access to transport and the service is provided through a social care model of support. All residents regularly attend either day services, employment or a vocational training centre outside of the designated centre. Residents are not usually present in the centre between 08:30 – 16:00hrs. However, the centre can also provide limited support in the centre, if required due to changing needs of a resident. Residents are supported by social care staff during the day, with sleep over staff at night time in both of the houses. There is an intercom system in the apartment for the resident there to have support from the staff in the adjacent house. Individuals are supported to access other services such as general practitioner (GP) and consultant services as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 10 August 2023	08:45hrs to 00:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in Goldfinch 1. The inspector had contacted the person in charge prior to the day of the inspection to determine the best timeline for the inspection to ensure residents had the opportunity to meet the inspector if they so choose. On arrival to the centre one resident greeted the inspector. They were awaiting their transport to attend their day service. They alerted the inspector that they had to move their car in a bit when they were leaving the centre. The inspector reassured the resident that this would happen. The resident chose not to interact with the inspector further at this time and went to wait in the living room.

The inspector was facilitated by the person in charge and team leader. Both individuals had been appointed to their role since the previous inspection. While these individuals were aware of their role and responsibilities, clarity was required to be provided to others of this. Some correspondence which was issued to the residents by for example, the complaints officer, members of the multi-disciplinary team referred to the team leader as the person in charge.

Staff were observed interacting with residents in a very positive manner. They provided reassurance if required in a dignified manner. Staff were aware of the support needs of residents and could articulate these when spoken with. Residents who spoke to the inspector praised the staff team, explaining the activities they were supported to attend including a recent trip to a wildlife park. Another resident showed the inspector a new watch they had recently purchased and thanked the staff and team leader for helping them.

Residents were observed coming and going to the centre on the day of the inspection. One resident went to the beach for a day trip. They requested the inspector to call to visit them on their way home. The resident proudly showed the inspector their home and talked about how happy they were there. They told the inspector that their TV was not working properly but when they told the staff they fixed it and this made them happy. The resident had photos of their friends in their living room and chatted with the inspector and staff about their friends and the memories they had. The resident told the inspector to have a safe journey home and to call again.

The inspector had the opportunity to visit another house under the remit of the centre. One resident had chosen to retire from their day service and this was supported by the provider. They now received full support from the centre. They chatted briefly to the inspector about their morning. They had gone out with staff for their breakfast. The resident appeared tired so the inspector left them to relax and watch the TV. While in the house a number of other residents returned home from their day service. All welcomed the inspector in a happy and jovial manner. One resident invited the inspector to stay for their tea. All residents had been

informed of the Health Information and Quality Authority (HIQA) inspection prior to the day through the nice to meet document.

Residents chatted with the staff about their day. One resident had been to the cinema and chatted about the movie they saw and what they wanted to see next. Another asked what was for tea, as they were hungry. Staff afforded the residents this time to interact. One resident who lived in a self-contained apartment adjacent to this house was not present on the day of inspection. The person in charge had informed them of the visit and the resident had requested the inspector not to go into their personal space as this was private to them. This was respected.

As will be discussed in the next two sections of the report, the centre was undergoing a transitional period. A new house had been identified for a number of residents to transition to in the coming months. There was evidence of consultation with residents with respect to this. This was in the early stages of progression.

Capacity and capability

This was an announced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three year cycle. The registered provider had submitted an application for this renewal, however it was not identified in this that two of the areas under the remit of the centre would not be included in the registration renewal. Residents were to transition to a new residence but a formal plan was yet to be developed to ensure this was completed in accordance with the Heath Act 2007.

The registered provider had appointed a governance structure to maintain oversight of the centre. The person in charge was supported in their role by a team leader and reported directly to the person participating in management. Improvements were required to ensure this structure was clear and individual roles and responsibilities were clear. While the team leader had a range of delegated duties, they were referred to the person in charge in many areas of documentation including complaints, on call roster and communication to residents.

The registered provider had ensured the completion of the regulatory required monitoring systems including the annual review of service provision. The team leader was notified ion advance of the six-monthly visit for the reviewers to obtain information prior to visiting the centre. This resulted in the centre obtaining advance notice of a review which under regulation 23 is required to be unannounced. There as evidence that identified actions were addressed within a timely manner and regularly reviewed. For example, the review of living conditions, a resident's request pertaining to heating system.

The person in charge and team leader completed a range of measures to monitor the day to day operations of the centre. This included a monthly review of incidents, fire checks and review of cleaning schedules. An audit schedule was in place to monitor such areas as medication management and infection control.

The registered provider had ensured the allocation of a staff team to the centre. An actual and planned roster was in place which evidenced the continuity of care provided to residents. The person in charge implemented effective measures for the appropriate supervision of the staff team. This incorporated both face-to-face formal supervisions and through staff meetings. Staff were supported and facilitated to attend training which was deemed mandatory to support the residents assesses needs.

There was a planned admission to occur on the days following the inspection. There was evidence that this admission was being implemented through consultation with current residents and in accordance with admission process as set out in Statement of Purpose document. The new resident had visited the centre with their family and were being supported to decorate their room in accordance with their individual preference. Following a review of a sample of individual service level agreements improvements were required to ensure all areas were completed correctly including supports to be provided, staffing and level of residential service to be provided.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application for this renewal, however it was not identified in this that two of the areas under the remit of the centre would not be included in the registration renewal

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced individual to the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents current assessed needs.

There was an actual and planned roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured the staff team were supported to completed the mandatory required training to meet the assessed needs of residents.

The person in charge had also ensured the effective measures were in place for the appropriate supervision of staff.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included the details as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

While a governance structure had been appointed to the centre to ensure oversight, improvement were required to ensure this structure was clear and known to all including residents, staff and family.

An annual review was last competed in the centre in March 2023 by the appointed team leader. There was evidence of review of such areas as complaints and

incidents in the review with clear actions identified. While a six-month visit had been completed to the centre this was not unannounced as the team leader had information requested prior to the visit.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a planned admission to occur on the days following the inspection. There was evidence that this admission was being implemented through consultation with current residents and in accordance with admission process as set out in Statement of Purpose document.

Following a review of a sample of individual service level agreements improvements were required to ensure all areas were completed correctly including supports to be provided., staffing and level of residential service to be provided.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. However, all information required under Schedule 1 was not present and accurate. For example:

- the centre address was incorrect.
- The remit of the person in charge was not clear.
- The fire precautions of the house did not address the restrictive condition applied to the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had ensured all incidents were notified as required.

Judgment: Compliant

Quality and safety

Overall, practices within the centre ensured residents' rights were supported and promoted. There was evidence of resident consultation in such areas as personal plan and goal setting, annual review of service provision and health-care decisions. However, improvements were required to ensure that resident had access to their finances as they chose. Some consent forms pertaining to the financial support provided had not been updated to reflect the change in policy at the centre. A sample of consent forms had been signed in 2017, a number of years before the organisation policy had been updated. There was no evidence on the day of the inspection that residents had been provided with updated information about the change in policy or the impact this would have on their financial support. Also, decisions on aspects of residents' lives were discussed with family members and staff members. Residents' consultation was not consistently evident. For example, an agreement about a resident's weekly pocket money had not been signed by the resident with no signature present for them on the signed agreement. One resident and their family members had raised a concern concerning timely access to their funds. This was addressed by the provider as a need under the provider's policy.

The provider had developed a policy about residents' financial and personal possessions support. The policy aimed to safeguard the residents from financial abuse through processes and pathways of accessing funds. The policy contained measures to guide staff and residents on the systems to support the residents with their finances. It was reported by staff on the day of inspection that at times the designated centre operated outside of this policy to ensure residents had access to their finances promptly, including at the weekends or if their keyworker was on leave. Staff reported to the inspection that should a keyworker be on leave, at times, it can take time to access the resident's finances and this may take several days. Also, the staff were unaware if the resident could use a bank card when making small transactions without their keyworker present. They were awaiting a response to this query at the time of inspection. This was discussed at a recent managers meeting to ensure the systems were in place while safeguarding the residents' finances, ensuring they had access to same and the ability to spend their money as so choose and when.

The provider supported residents during times of transition. One resident had chosen to transition to a nursing home for a period of time due to poor health. The centre supported the resident during the initial transition period and continued to do so through regular phone calls and visits. The person in charge had ensured all required information about the support needs of the resident had been provided as part of the transition process while respecting the dignity and privacy of the resident.

Each resident was supported to develop an individualised personal plan. These included a comprehensive annual receive of support needs, multi-disciplinary recommendations and personal goals. The provider was in the process of reviewing the format of these plans to ensure they reflected the assessed needs of each

resident. The inspector reviewed a sample of plans and it was evident that these incorporated the health, social and emotional needs of residents. Plans were updated regularly updated to reflect any change in the support needs such as changes to healthcare recommendations, progression of goals and multi-disciplinary input.

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed by the team leader. However, improvements were required to ensure that if risk assessment was present in more than one location there was consistency in the information provided. For example, the risk register folder and the risk section within an individual's personal plans contained different control measures and risk ratings for several risks. This included risks of epilepsy care, falls, and fire safety.

Risk ratings applied to the identified risks did not consistently correspond to the actual likelihood and impact in place. The number of risk assessments reviewed had not reduced in likelihood despite the risk not occurring in several years. Where this related to behaviours of concern residents assessed needs had not been updated within relevant risk assessments with control measures no longer relevant. Conflicting information was also present in some areas. For example, an individualised risk assessment had been completed stating a resident could not stay in the house without staff given the assessed risk. However, another risk was present stating residents could spend time on their own should the staff be required to support the resident in the adjoining apartment.

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home. Staff spoken with were found to be knowledgeable concerning their responsibilities in ensuring residents were kept safe at all times.

Goldfinch 1 was registered with a restrictive condition to ensure fire safety measures were in place to comply with Regulation 28. The provider had made some progress with this with renovations completed in one house and effective fire doors now in place. One house under the remit of the centre did not have fire doors in place. Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place throughout the centre. Each resident had a personal emergency evacuation plan to ensure awareness of safe evacuation procedures used in conjunction with regular fire drills.

Regulation 12: Personal possessions

Through policy, the provider had measures in place which guided staff and residents on measures to support a resident with their financial and personal possessions. It

was reported by staff that at times the centre operated outside of this policy to ensure residents had access to their finances at all times, including at the weekends or if their key worker was on leave. This was under review by the provider at the time of the inspection. Some aspects of financial support will be discussed under Regulation 9.

Residents had access to suitable storage for their personal possessions and adequate laundry facilities.

Judgment: Compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were consistently provided for residents to participate in a wide range of activities in the centre and the local community.

Resident choice of activities was respected.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was clean, suitably decorated and accessible to the residents living there. The premises were laid out to meet the aims and objectives of the service and the needs of residents. Each resident had their own private space and access to communal spaces.

One house under the remit of the centre required internal work to ensure this was appropriately decorated and in a good state of repair. The provider was not extending the lease of this property past January 2024.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider supported resident during times of transition. The person in charge had ensured all required information pertaining to the support needs of the resident had been provided as part of the transition process while respecting the dignity and privacy of the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed. Improvements were required to ensure that if risk assessment was present in more than one location there was consistency. For example, the risk folder and individual personal plans contained different control measures and risk ratings for a number of risks.

Also, risk ratings applied to the identified risk did not correspond to the actual likelihood and impact in place.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the provider's guidelines.The provider conducted regular audits of infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place through the centre. Each resident had a personal emergency

evacuation plan to ensure awareness of safe evacuation procedures used in conjunction with regular fire drills.

However, upgrade fire safety works had not yet been completed and fire precautions in place required review. One house under the remit of the centre did not have fire doors in place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' individual personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting the residents' with their health needs.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured residents in centre were protected from abuse. The provider proactively addressed any concern through staffing review, staff training, easy read information for residents and regular review of risk.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, practices within the centre ensured residents' rights were supported and promoted. There was evidence of residents' consultation in such areas as personal plan and goal setting, annual review of service provision and health care decisions.

However, improvements were required to ensure that residents had access to finances as they chose. The potential delay in accessing funds had been highlighted by a resident and their family through the annual review process. Some consent forms pertaining to the financial support provided had not been updated to reflect the change in policy at the centre. Also, decisions about finances at times were discussed with residents' consultation notes evident.

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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially 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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Goldfinch 1 OSV-0004828

Inspection ID: MON-0031569

Date of inspection: 10/08/2023

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**
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: • A new property has been identified for one of the houses in this designated centre. This will be transferred by developer 30/11/23. Application to vary will be submitted to HIQA by 30/11/23.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Unannounced visits are conducted on a six-monthly basis in line with regulation. As part of this process key information (e.g. progress update on last 6-month review) is sought prior to the visit. This information can be sought anywhere from 1 day to several weeks before the visit and the reviewer does not advise of the date of the upcoming visit as part of this request for information. The reviewer usually makes contact within 24 hours of the start of the unannounced visit to ensure access to the designated centre at the time of the visit.	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
• PIC and team leader to review all individual service agreements including supports to be provided such as staffing and level of residential service to be provided.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• Statement of Purpose to be updated to reflect an accurate description of the center address, the remit of person in charge, (PIC/AM) over one designated center, the restrictive condition applied to the center. Removal of mention of sky TV as this is paid for by service provider. Removal of mention of residents paying for their own activities throughout as this only needs to be mentioned in one section

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• A new property has been identified for one of the houses in this designated centre. This will be transferred by developer 30/11/23. Application to vary will be submitted to HIQA by 30/11/23.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• PIC and team leader will review all risks in place. Risk ratings to be reviewed and any outdated risks to be closed this will continue throughout the year to ensure that risks are accurate.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• A new property has been identified for one of the houses in this designated centre. This will be transferred by developer 30/11/23. Application to vary will be submitted to HIQA by 30/11/23.
• Team Leader will continue to monitor the fire folder and firefighting appliances and update PEEPS where necessary due to changing needs.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Team leader will ensure that consent to personal assets has been explained to residents and they will be given the option to decide on consent on a yearly basis or sooner if required due to changing needs. Pocket money agreements will be reviewed yearly or sooner if required or requested.

• The Finance Department of the BOCSILR have rolled out significant training for Frontline Managers and Staff on the Policy. Training sessions, specifically for frontline staff (including keyworkers) this training started on August 29th and was completed September 13th. It is expected that these training sessions will assist Frontline Managers and Staff on the policy of supporting People Supported by the services.

• In light of the findings from our recent HIQA inspections the Policy has been forwarded to the Policy Review Group for review on 17th October 2023. A section will be added to the Policy to set out the requirement, where a Person Supported by the Services wishes to be supported by the BOCSILR the management of their personal assets, for the restrictive practice procedure to be implemented in addition to the consent process that is already embedded in the Policy. Where a person supported chooses not to be supported by the services this issue will be discussed at policy review group.

• In light of the findings of this inspection the issue of Training and information sharing will be discussed as part of policy review on the 17th of Oct to review the easy read and potential delays in accessing funds.

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2023
Regulation 23(1)(b)	The registered provider shall	Substantially Compliant	Yellow	30/11/2023

	ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
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.	Substantially Compliant	Yellow	31/12/2023
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	Substantially Compliant	Yellow	30/11/2023

	resident and, where appropriate, the fees to be charged.			
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.	Not Compliant	Orange	30/11/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/12/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	30/11/2023
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.	Not Compliant	Orange	30/11/2023

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	30/09/2023