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:	Boulia Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	22 August 2023
Centre ID:	OSV-0005748
Fieldwork ID:	MON-0032690

About the designated centre

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

Boulia Accommodation Service is a large detached bungalow located in a rural area but within a short driving distance to various towns. The centre can provide residential support on a full-time basis for up to four male residents between the ages of 18 and 85. The centre provides for residents with intellectual disabilities, autism, mental health needs and epilepsy. Facilities in the centre include bathrooms, a sitting room, a kitchen, a dining area, a utility room, a conservatory and a staff office/sleepover room while each resident has their own bedroom. Residents are supported by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 22 August 2023	10:00hrs to 17:40hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents had a good quality of life in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider in line with the requirements of the regulations. The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in decision making within the centre.

The centre comprised of a four bedroom bungalow, located in a rural area close to several nearby towns and villages. Each resident had their own bedroom, and shared two communal bathrooms. The centre was fully accessible with adaptations made to both bathrooms to meet individual resident's needs.

On arrival the inspector was greeted by the person in charge and shortly after met two residents and a staff member who were relaxing and watching television in the sitting room. The two residents spoke to the inspector about a local festival that they had visited the previous day and appeared to really enjoy the activities they took part in. Residents appeared very happy and comfortable in their home, and in the presence of staff. The residents told the inspector they were going out for the day to a nearby town. Shortly after this the inspector went to the kitchen and met another resident and two staff members. The resident was ready for their day ahead and informed the inspector they were looking forward to be going out for lunch later in the afternoon. The resident told the inspector they were very happy and spoke about television programmes they enjoyed watching, as well as stories from years previous. Another resident was being support by a staff member to get ready for the day ahead.

Residents were supported to engage in meaningful activities, which were displayed in picture format in the dining room. Residents were supported with an individualised day service as per their assessed needed and wishes. One resident was linked with a formal day service, which will be discussed in the next section of the report. Residents enjoyed music and art classes in the provider's local day service hub, these took place once a week. Residents also went for walks in the local community, visited local pubs and shops, as well as visiting friends nearby.

There was an atmosphere of friendliness in the centre. Warm interactions between the residents and staff caring for them was observed. Staff and residents were heard conversing and laughing with each other when they were in the centre. Numerous photographs were on display of residents and their family and friends, which was important to the residents. One resident told the inspector they like to take pictures and print them off weekly in the local town. The bedrooms were observed to be an adequate size and decorated to the residents wishes, with adequate storage. There were a number of communal areas for the residents' use. There was a large enclosed garden to the rear of the house, with a table, chairs and

a bench for outdoor dining.

There was evidence that residents and their representatives were consulted with and communicated with about decisions regarding their care and the running of their home. Each resident had regular one-to-one meetings with a staff member. Residents were supported to communicate their needs, preferences and choices at these meetings in relation to their activities, outings and meal choices. The inspector did not have the opportunity to meet with the family members or representatives of the residents, but it was reported through the centre's annual review and a compliments log maintained by the centre that they were very happy with the care, support and updates they receive. The centre had a number of easy-to-read documents and social stories available to residents, which informed residents about their goals, medications and centre updates.

The next two sections of the report present the finding of the 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 service being delivered.

Capacity and capability

There were management systems and processes in place to promote a safe service which was found to be consistent and appropriate to the residents' needs.

The centre was managed by a suitable qualified and experienced person in charge who had good knowledge of the assessed needs and support requirements of each of the residents. The person in charge was in a full time position and was responsible for another centre located a short distance away. The person in charge was supported by a team leader, who also maintained day-to-day oversight of the centre.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that staff were aware of their responsibilities and who they were accountable to. The provider had a manager on-call system for staff to access if required out of hours. The person in charge reported to the service manager who in turn reported to the regional operating officer. The person in charge reported that they felt supported in their role.

The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis, as required by the regulations. The person in charge and team leader had a number of other audits in place which were completed throughout the year. Examples of these included, medication audit, infection control, finances and training audits. There was evidence that actions were taken to address issues identified in these audits. There were regular staff meetings and separate management meetings with evidence of shared

communication and learning at these meetings.

On the day of the inspection the inspector reviewed the staffing rosters and staffing compliment as per the centres statement of purpose. The centre had four staff vacancies. From a review of the rosters these vacancies were being managed with cover of regular and familiar staff. The provider was actively recruiting for these positions. The provider had also identified these vacancies on an internal audit. As the staffing cover was regular and familiar there was consistency being provided to residents, however these vacancies did have an impact on the residents' goals, which will be discussed under regulation 5 individualised assessment and personal plans.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy in place. It was noted that all staff had received all mandatory training. Human rights training was available to all staff in the centre. All staff received regular supervision, as per the provider's policy.

A record of all incidents occurring in the centre was maintained, and where required, these were notified to the Chief Inspector within the time lines required in the regulations.

The registered provider had policies and procedures referred to in Schedule 5 in place, these are required to be reviewed and updated at intervals not exceeding three years. The inspector reviewed all schedule 5 policies in the designated centre. It was seen that one of these policies were overdue for review, which was Garda vetting of staff.

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 in this designated centre.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre, while also ensuring it meets its stated aims, purpose and objectives. The person in charge was in a full time position and they were also responsible for another centre located a short distance away.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to

meet the assessed needs of the residents. At the time of the inspection, the full staff complement was not in place. The provider was actively recruiting to fill these vacancies, and the person in charge had ensured a familiar and consistent staff team was present to support residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. All mandatory training had been provided for staff. Staff supervision arrangements were also in place.

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 details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document in the designated centre on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and six monthly visits as per the requirements of the regulations. There were effective monitoring systems in place and robust systems to monitor the quality of care and support delivered to residents. The person in charge and the team leader carried out various audits in the centre on key areas relating to the quality and

safety of the care provided to residents. Where areas for improvement were identified within these audits, plans were put in place to address these, for example, actively recruiting staff for vacancies present and a plan to have the internal and external premises painted.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. The statement of purpose reviewed on the day of the inspection was found to accurately describe the services provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had insured that the chief inspector was informed of adverse incidents occurring in the designated centre in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and the residents knew who to approach if they had a complaint. There were no open complaints on the day of the inspection, but a record system was available of complaints and any compliments received by the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. One of these policies had exceeded the three year review period by the provider. This policy was Garda vetting of staff.

Judgment: Substantially compliant

Quality and safety

The residents living in this centre appeared to receive care and support which was of a good quality, person centred and promoted their independence. However some improvements were required for fire precautions, individualised assessment and personal plans, general welfare and development and residents' rights.

The inspector reviewed a sample of the residents personal plans. All plans were subject to regular review. A multidisciplinary review took place annually, as well as a person centred planning meeting which family members were invited to take part in. All residents had goals identified, however there was little evidence of progression of the residents goals. From reviewing the documentation and speaking to the person in charge and team leader goals for residents had been identified in November 2022, some goals had little to no actions progressed, with one residents goals recorded until February 2023 with no other action identified to support the resident to achieve their goal. These goals were seen to be individualised and to the interests of each resident. For example, one had requested to apply for their passport and go on a plane in Ireland. However this goal had not progressed since 2022. The inspector spoke to the person in charge and due to the staff vacancies present this had an impact on the residents goals. The residents were seen to complete other activities such as, group trips and group overnights to hotels, which the residents enjoyed. Residents were promoted to be independent and learn life skills as they requested, such as making their own coffee and participating in household jobs.

Since the previous inspection, one resident had recently transitioned to the designated centre in May 2023. This transition had been a successful move for the resident, the inspector met the resident on the day of the inspection and they appeared happy and content in their new home. The transition of this resident was clearly identified on the centres directory of residents. The inspector had the opportunity review the resident’s transition plan and personal plan. This transfer was seen to be planned, safe, discussed and agreed with the resident. Information and supports required by the resident were in place. Staff were seen to be very knowledge of the needs of the resident and communicating effectively with the resident.

Residents had access to opportunities and facilities while in the centre. They had opportunities to participate in a variety of activities in the local community based on their interests and preferences. The inspector observed on the day of inspection the individual day programmes each resident accessed in line with their wishes. However, when speaking to the person in charge it was discussed how one residents was in receipt of a day service two days a week prior to March 2020. This day service was with another provider. The inspector reviewed the documentation which highlighted that this day service had only recommenced for one hour a week

since the pandemic. The resident was supported with staff from their residential service to attend this one hour day service. The team leader and person in charge had made contact with the day service provider to recommence the day service, although a response was received in July 2023 no action plan or date to recommence their day service was in place to support the resident to access their full service. The person in charge acknowledged that the resident would like to recommence this day service opportunity.

Resident's rights were promoted by the care and support provided in the centre. Residents could access advocacy services if they wished to avail of it. 'Changes I'd like to make' and 'choice' was noted to be discussed on occasions at residents' meetings. Residents' personal plans included clear detail on how to support individual residents with their personal and intimate care needs which ensured that the dignity of each resident was promoted. However, on a review of the residents' personal plans it was seen that residents had sleep charts in place. This meant staff were carrying out the practice of checks every half hour throughout the night. The impact of these checks had not been considered by the provider and there was no assessed need or risk identified to support this practice in the residents' individual personal care plans. This practice compromised the privacy of residents some of whom required little or no support during the night.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly. Each resident had a personal emergency evacuation plan (PEEP) in place which identified a personal evacuation plan for day and night. However, this required review to ensure any items identified by a resident to support them to evacuate the centre is included. For example on the last fire drill completed in the centre, one resident delayed in evacuating the centre and requested a personal item to be taken with them before they would evacuate, this lead to a slight delay in the resident evacuating. This was not actioned as part of the fire drill or reviewed in the residents personal emergency and evacuation plan. All staff had undergone relevant fire safety training. Fire evacuation procedures on display were accompanied by floor plans, however the floor plans on display did not accurately reflect the actual layout of the designated centre. One fire door into the utility room of the centre did not close effectively. This had been reviewed by the provider and external fire maintenance company on the day previous to the inspection. The provider had scheduled for repair by the external fire maintenance company.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There was a risk register in place that identified specific risks for the designated centre, such as, fire, slips, trips, falls and risks associated with potential infection. Control measures were in place to guide staff on how to reduce these risks and to maintain safety for residents, staff and visitors. Individualised specific risk assessments were also in place for each resident. It was seen by the inspector that these risk assessments were regularly reviewed and gave clear guidance to staff on how best to manage identified risks.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational opportunities in accordance with their assessed needs and wishes. On the day of the inspection the inspector observed staff supporting residents on a day out to a local pet farm and lunch in a restaurant. The residents were seen to enjoy a variety of activities and had recently enjoyed a local festival. Residents had access to various classes of areas of interest, such as art and music classes. The person in charge had ensured an individualised day service programme was available to residents provided individually and as a group in their home. However, one resident has not full access to their day service programme and at the time of the inspection was receiving one hour a week of their day service. Their full day service prior March 2020 was two days.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents and was clean, warm and homely. The designated centre required some painting, the provider had identified this and a plan was in place to have the external and interior of the centre painted.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the residents and contained the required information as set out by the regulations. Easy to read versions of information was made available to residents in a format that

would be easy to understand. This included information about complaints, safeguarding and my medication.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that a resident who transitioned into the centre in May 2023 was supported with information about the centre, the services and supports as well as a day service programme to suit the wishes and interests of the resident. There was evidence of a transition plan and consultation with the resident about the transfer to the centre. All relevant information regarding the resident was available to staff and staff had good knowledge about the residents needs and supports required. The resident had a full individualised personal plan in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents was discussed at team meetings and informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas, regular cleaning of all areas of the designated centre. Good practices were in place for infection prevention and control including laundry

management and a color-coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. The provider had identified an error with a fire door on the day previous to the inspection and this was the process of being fixed by the external fire company. Suitable fire equipment was in place and was seen to be serviced regularly. There was a clear procedure in place for the evacuation of the residents and staff. Fire drills were completed regularly. However, based on a review of the fire drill records, the previous fire drill identified one resident who refused to leave without a personal item. This caused a slight delay in evacuation of the resident. This was not actioned as part of the drill and the residents PEEP had not been updated with this information if it was to occur again. The floor plans on display did not accurately reflect the floor plan of the centre and this required review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Medicine and administration records were complete in line with requirements. Medicines were securely stored in a locked press.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of the residents had been carried out, and an individualised personal plan had been developed based on these assessed needs. However, some residents had not been supported to actively strive to achieve their identified goals for the year. For example, documentation reviewed identified some residents goals had been recorded in November 2022 with little or no progression or reflection evident to

ensure continuous development.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were promoted in this centre, with many of the daily operations being led by the residents' assessed needs and capabilities. All efforts were made by staff to ensure residents' wishes and preferred routines were respected. Residents' house meetings were held regularly and were used to discuss the meal plans, activities in the centre and in the community. The residents had many easy-to-read documents in place to inform them of upcoming activities or areas of their health care. The practice of checking residents throughout the night had not been reviewed as a restrictive practice and therefore the impact of this practice on the rights of residents was not considered.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Boulia Accommodation Service OSV-0005748

Inspection ID: MON-0032690

Date of inspection: 22/08/2023

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**
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 Vetting Policy has been reviewed and updated by the Provider and was circulated to services on the 11/09/2023.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: • The PIC is currently in the process of liaising with the resident's day service provider in order to establish a definitive date for recommencement of full day service. To be completed by 27/11/23	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Resident's PEEP was updated to reflect issue identified in last fire drill, where a resident refused to leave the property without a personal item.	

• Social story and key worker meeting in relation to evacuation in the event of a fire was completed with the resident also. New floor plans of the service has been obtained that provide an accurate reflection of the service. These were submitted to HIQA on the 27/09/23.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Action Plans have been reviewed and updated to reflect current status of each identified goal. Each identified individuals goals will be completed in line with expressed wishes of residents by 27/11/23.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Individual keyworker meetings to be completed with residents in order to reestablish each individuals will and preference in relation to night time checks. • Meeting to be held with each resident and RP Committee in order to discuss their individual preference, should the resident choose to do so. • Each residents expressed wishes in relation to nighttime checks to be adhered to at all times as per the residents will, preference and personal choice. The above will be completed by 04/10/23.	

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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	27/11/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	27/09/2023
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	27/09/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in	Substantially Compliant	Yellow	11/09/2023

	paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	27/11/2023
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 personal care, professional consultations and personal information.	Substantially Compliant	Yellow	04/10/2023