



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

## Issued by the Chief Inspector

Name of designated centre:	Brookside Lodge
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0005480
Fieldwork ID:	MON-0035968

## About the designated centre

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

Brookside Lodge provides a full-time residential service for two residents over the age of 18 years. The service is provided in a detached dormer type house with its own spacious grounds. It is a rural location but a short commute from a number of serviced locations and suitable transport is provided. While operated as one designated centre two distinct services can be provided, one on the ground floor and, one on the first floor. The service is a high support service for residents who present with complex inter-related needs in relation to their general health, autism and intellectual disability diagnosis. There are a minimum of three to four staff on duty at all times to provide the supervision, care and support needed. The night-time staffing arrangement is a staff member on waking duty supported by two staff members on sleepover duty. Day-to-day management and oversight is delegated to the person in charge supported by a team leader both of whom are based in the house. The model of care is social augmented by multi-disciplinary input as appropriate to the assessed needs of the resident.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 26 April 2023	10:00hrs to 16:30hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's level of compliance with the regulations and standards. The inspector found a service that was consistently and effectively managed. Governance and management of the service was focused on ensuring each resident received an appropriate, safe, quality service. The safety of each resident was prioritised but each resident was also supported to enjoy the best possible quality of life in the context of their complex needs. The provider demonstrated a good level of compliance with the regulations but some improvement was needed for some areas to be fully compliant. For example, in risk management and the management of each resident's personal possessions.

On arrival at the house the inspector was greeted by the person in charge. One resident had left the house to attend their off-site day service and the other resident was having their breakfast. The inspector was guided by the person in charge and their knowledge of the resident and the inspector did not disturb the resident.

The inspector discussed the general management and oversight of the service and the support provided to each resident with the person in charge. The person in charge was well able to describe and evidence how they planned, delivered and monitored the care, support and services that were provided to each resident.

The atmosphere in the house was calm and relaxed. The staffing levels observed were as described to the inspector and as set out on the staff duty rota. The inspector spoke with the staff members on duty. Staff presented as confident in their practice as they described the daily routines and the care and support provided to each resident. Staff spoke respectfully of each resident for example as they described to the inspector how each resident in the context of their complex needs could and did express their choices and preferences. For example, staff described how they might batch cook meals so that a resident could be offered a choice of meals each day.

There were challenges and risks to residents and at times staff safety in this service. Staff said that they were supported in their work by management and spoke of their enjoyment of a team building day they had enjoyed the day before this inspection. Staff described and the inspector observed practice and interventions that were used to reduce the risk of behaviour and escalated behaviour such as managing the noise levels in the house, playing music that residents liked and engaged with and reasonably allowing residents to decide and control their routines.

Management and staff reported that residents lived independently of each other, had expressed no desire to interact with each other, had separate areas of the house to live in and, had very different needs and routines. In addition, each resident had a separate secure outdoor space that they could access with supervision. Overall, the house was well-maintained and visibly clean but there were

some general maintenance and refurbishment works that needed attention.

There were no unreasonable restrictions on visits and both residents had access to family as appropriate to their particular circumstances. The provider had sought feedback from families as part of the recent annual review of the service. This feedback was positive. Families were also supported however to access and use if they wished, the provider's complaint management procedures.

The inspector was still in the house when one of the residents returned from their day service. While one resident did not interact with the inspector and neither resident was able to tell the inspector what life was like for them in this centre, the inspector had good opportunity to observe how this resident interacted with staff, how their needs were met and how the resident communicated what it was that they wanted. The resident was well able to communicate their needs to staff by gesture and also indicated by gesture their comfort with the presence of the inspector in their home. The support observed was as described during the day such as the use of music to support the resident to regulate following the drive back from the day service.

In summary, this was a well-managed service that respected the individuality, disability and ability of both residents. Overall, the provider had the arrangements in place to ensure that residents' needs were met and residents were safe but their high needs and risks but not preclude them from having a good quality of life.

The next two sections of this report will describe the governance and management systems in place, how these ensured and assured the quality and safety of the support and services provided to residents and, the areas where some improvement was needed.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced. The provider demonstrated a good level of compliance with the regulations. The provider consistently and effectively collected data and used that data to monitor and assure the support and services provided.

There was a clearly defined management structure in place and roles, responsibilities and reporting relationships were clear. The person in charge demonstrated leadership and ownership of their responsibilities but in a supportive and collaborative way. For example, the person in charge said that they could and did work frontline duties as needed but not at a frequency that impacted on their management role. The team leader was new to that role and spoke of the guidance provided by the person in charge.

The person in charge convened monthly staff meetings and completed formal staff

supervisions. The person in charge also applied the provider's formal quality assurance systems with effect and was aware of most of the findings of this HIQA inspection. For example, the additional personal storage space needed by one resident. Based on the findings of their oversight the person in charge made changes and additional controls were put in place as needed. For example, an additional recording template had been put in place in response to an identified trend in medicines administration practice.

The staffing levels on the day of inspection were as described and good oversight was maintained of staff attendance at mandatory, required and desired training.

#### Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience needed for the role. The person in charge clearly described and evidenced to the inspector that they were consistently and effectively engaged in the planning and oversight of this service and the care and support provided to each resident.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels and arrangements in the centre were based on and suited to the number of residents, the design and layout of the house, the needs, differing needs and risks associated with each resident. The staff rota was well-presented and reflected these staffing levels and arrangements. For example, there were three staff members on duty at night to ensure the well-being and safety of both residents. The person in charge spoke of the importance of supporting and retaining staff so that residents received continuity of support from a team of staff that were familiar with each resident.

Judgment: Compliant

#### Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and saw that there were procedures in place to ensure that all staff working in the service had up-to-date baseline and refresher training. For example, training in fire safety, safeguarding and responding to behaviours that challenged including de-escalation and intervention techniques. Attendance at refresher training was monitored so that it was scheduled and

booked. Individual staff spoken with described additional studies that they had or were completing and that were relevant to the range of needs met in the service such as behaviour support.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained all of the required information such as the date each resident was first admitted to the service and the name and contact details of their general practitioner (GP).

Judgment: Compliant

### Regulation 21: Records

Any of the records requested by the inspector to inform and validate these inspection findings were in place and available for inspection. For example, a copy of any complaint received by the provider, records of clinical referrals and follow-up appointments for each resident and, a record of any occasion where a restrictive procedure was used.

Judgment: Compliant

### Regulation 23: Governance and management

This was a well-managed service. The governance and management of the service recognised and was responsive to the high support needs and the associated risks of each resident so that residents were provided with a safe, quality service. The governance structure operated as intended by the provider. For example, the person in charge was responsible for the day-to-day management and oversight of the service supported by a team leader. The person in charge informed and escalated matters as needed to their line manager who participated in the formal quality assurance systems. These systems were implemented consistently with areas such as risk management, personal planning, fire safety and incidents subject to regular review. The provider also nominated other persons with a quality and safety remit to complete on their behalf the six-monthly quality and safety reviews required by the regulations. These reviews were completed on schedule and the reports were issued in a timely manner to the person in charge. Based on these inspection findings, while some minor improvements were needed the provider was effectively collecting

and using the data it collated to assure and improve as needed the appropriateness, quality and safety of service.

Judgment: Compliant

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

Each resident was provided with a contract for the provision of services. The contract detailed the facilities and services to be provided and any fees and charges that the resident had to pay. Residents could not sign their own contract. The person in charge was in the process of updating each contract and seeking each residents representative to review, agree and sign the contracts of the resident's behalf as provided for in the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

The person in charge confirmed that no volunteers worked in the service.

Judgment: Compliant

### Regulation 31: Notification of incidents

Based on the records seen in the centre by the inspector such as the review and analysis of incidents that had occurred, the inspector was assured that there were suitable arrangements in place for notifying HIQA of certain events and incidents. For example, the use of restrictive practices and any injury sustained by a resident.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had policies and procedures for the receipt and management of complaints that were in date. Any person who was not happy with any aspect of the service was advised of the complaint policy and supported to access and use it. A record was in place of any complaint that was received, the actions taken in

response to the complaint and whether the complaint was resolved or not.

Judgment: Compliant

## Quality and safety

Because this service was well-managed and consistently and effectively overseen, there was good evidence that the provider had the arrangements in place to meet each resident's needs. It was evident that management and staff promoted and protected each resident from harm but also sought to ensure that each resident had choice and control, experienced the least possible level of restrictions and enjoyed a good quality of life.

The inspector saw that the arrangements in the service such as the staffing arrangements were based on a comprehensive assessment of each residents needs and their personal plan. The assessment and the plan were updated as needed. The person in charge had systems in place for monitoring the implementation of and adherence to the personal plan.

The evidence base of the personal plan was informed by input from the multi-disciplinary team (MDT) such as from the behaviour support specialist and speech and language therapy. Records seen confirmed that the staff team monitored resident well-being and sought advice and care for residents such as from their GP, psychiatry, dentist and out-of-hours medical services. Clinicians such as the GP recognised the complex needs of the residents and called to the house as needed. The standard of the personal plan was good but there was scope to develop it further.

The inspector found that notwithstanding the complex needs of both residents there was a desire and objective to continually seek better outcomes with and for residents. For example, the person in charge told the inspector that they were currently seeking from the provider a "wrap-around" service for one of the residents where their day and residential service would be provided from their home rather than the current arrangement of attending an off-site day service. The person in charge and other staff spoken with could objectively justify the benefit this would have for the resident such as less time spent commuting to and from the day-service (which the resident did not like) and better opportunity for the consistent implementation of programmes that would support the resident's ongoing development and independence.

There were procedures in place to ensure residents were protected by safe medicines management systems. However, some improvement was needed in the storage of the medicines.

In the context of both residents needs the person in charge confirmed that the staff team had regular access to the behaviour support specialist including their on-site

presence. The positive behaviour support plan reviewed by the inspector was recently reviewed and there were systems in place for reviewing the use and the ongoing requirement for the restrictive practices in place.

Overall, given the risk of injury and harm that could and did present at times there were good systems in place for identifying, managing and reviewing risks. For example, there was regular and consistent review of incidents and accidents and evidence of corrective actions taken as needed. However, the inspector found that there was scope to improve the link between some incidents that had occurred and measures to reduce the risk of a reoccurrence.

The provider did have appropriate systems in place for safeguarding resident's personal possessions and finances. However, a resident did not have full access and control over their monies.

### Regulation 10: Communication

The personal plan detailed the communication abilities and styles of each resident. Staff described how residents could use purposeful words or gestures to express their choices and preferences. Staff differentiated between each residents ability to understand and their ability to communicate by word. Therefore the inspector saw that staff spoke with and consulted with residents. The inspector saw how a resident effectively communicated their needs and choices to staff such as taking a particular item of food from a press for staff to prepare for them. Residents also at times used behaviour to express how they felt or how they perceived a certain situation. For example, if they were in pain. This was clearly understood and recognised in the service. Further clinical input was planned to explore other possible communication strategies that a resident might engage with.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to have access to home and family. There were protocols in place to ensure that visits were safe where a visit or an aspect of a visit may pose a risk to a resident. For example, where there was significant risk of a choking incident if foods outside of the resident's personal plan were brought into the service.

Judgment: Compliant

## Regulation 12: Personal possessions

One resident did not have adequate storage space in their bedroom for their personal possessions. Residents were supported in the management of their personal monies by staff and there were procedures in place to ensure these monies were safeguarded. However, one resident did not have full and complete access and control over their personal monies. This limited their participation and their level of choice in other areas such as in the purchase of personal items such as clothing.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

There were risks to be managed and residents had high support needs. However, staff spoke with pride of the improvements and achievements of residents and these were significant in the context of their disability. For example, one resident was choosing to engage in more community outings with staff and would at times now actively ask staff to go for a drive. The inspector observed as staff encouraged a resident to develop their independent living skills. The staff team was continually exploring activities that residents could engage in and enjoy and believed in the ongoing potential for residents to learn and develop. For example, swimming and a short local journey on a train. As discussed above the person in charge was actively seeking a "wrap around" service for one resident and reported how well and engaged the resident had been in the house during a recent break in their day service.

Judgment: Compliant

## Regulation 17: Premises

Overall the house and the grounds were in good condition and suited to the needs of each resident. There were areas of the house however that were in need of some routine maintenance and repairs such as some flooring, paintwork and items such as seals on windows and doors. These works had also been identified in internal reviews. The needs of the residents did present some challenges to the completion of these works.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The personal plan detailed each residents dietary likes and dislikes and any specific dietary requirements and risks. A staff spoken with clearly described these plans and the preparation and presentation of meals so that they were to the residents liking but also safe. Practice was informed by recommendations made by the speech and language therapist and the dietitian. Further review was planned and scheduled. Staff monitored resident body weight as an indicator of the residents general health and wellbeing.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place for the identification, management and ongoing review of risk. Risk management was incorporated into systems of oversight such as the annual review and the six-monthly reviews required by the regulations. In addition, the person in charge reviewed incidents as they occurred and feedback was provided individually and collectively to the staff team. However, the inspector found some gaps where a risk assessment that assessed the possibility of a reoccurrence, the need for controls and possibly additional controls had not been put in place in response to new risks and incidents that had occurred. For example, where staff had to use an unplanned restrictive intervention to ensure a residents safety in the community.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Staff members administered medicines to residents following an assessment of each resident's capacity to safely manage their own medicines. The pharmacist who supplied the medicines generated the prescription and the medication administration record that was used in the service. The sample of administration records seen as completed by staff members, corresponded with the instructions of the prescription. Medicines were securely stored, supplied and labelled for individual resident use. However, medicines were stored almost at floor level and therefore they were not easily accessible or readily visible and identifiable to staff. Items other than medicines were also stored in the medicine cabinet and the cabinet was a little untidy. The date of opening was not recorded where a medicine was supplied in a liquid format.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The standard of assessment and personal planning was good. Residents needs and plans were kept under regular review. There was input and review from the MDT. However, while the inspector was assured that residents received the care that they needed, a support plan was required for a new matter that had arisen and that had reoccurred in the weeks prior to this inspection.

Judgment: Substantially compliant

### Regulation 6: Health care

Staff monitored resident wellbeing and were attuned to any changes that suggested illness including atypical indicators such as an increase in anxiety and behaviour that challenged. Records were maintained of all referrals and reviews and the person in charge ensured that residents had access to the services and health professionals that they needed such as their general practitioner (GP), pharmacist, psychiatrist, speech and language and occupational therapy.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The prevention and management of behaviour that resulted in risk of harm and injury to the resident and possibly others was part of the day-to-day support provided in this centre. There were plans and protocols in place and staff had completed training such as in de-escalation and intervention techniques. Active input and supervision was provided by the behaviour support therapist. It was evident that the approach to understanding and supporting behaviour was multi-factorial and took into account possible physical, sensory and emotional triggers. When not able to prevent such behaviour, the aim of the support provided was to prevent its escalation and possible serious injury.

In response to the risks that presented to resident safety there were restrictive interventions in use. For example, residents were restricted from accessing certain areas of the house and items such as remote controls. There was documentary evidence of the justification for and of the ongoing review of the need for each restrictive practice. Quality assurance systems monitored the use of planned and unplanned restrictions to ensure they were in accordance with the provider's policy

and procedures. There was no evidence that these restrictions impacted on residents or on their quality of life.

Judgment: Compliant

### Regulation 8: Protection

In the context of their disability residents were limited in their ability to understand risk, harm and how to stay safe. All staff had completed safeguarding training. Staff spoken with articulated a clear commitment to both residents and said they would have no hesitation in reporting any concerns they would have. The person in charge was visible and accessible and addressed any service gaps or deficits that arose.

Judgment: Compliant

### Regulation 9: Residents' rights

Throughout this inspection as the inspector discussed the care and support needs of each resident with the staff and management teams, a recurring theme was the individuality of each resident, each resident's right to express their choices and to have reasonable and safe control over their routines and their choices. The inspector saw how residents expressed their preferences and how these were respected. Staff described the strategies that they used so that residents could meaningfully and in a dignified way participate in community activities such as enjoying a meal out. For example, staff described how they phoned one restaurant in advance so that a table was available and the residents meal was ready on arrival. Staff described how residents would communicate their wish not to participate in support and care, how this was respected but monitored and followed-up so that deficits did not arise.

Judgment: 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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brookside Lodge OSV-0005480

Inspection ID: MON-0035968

Date of inspection: 26/04/2023

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Meeting took place with one resident's family on 02-05-2023 &amp; 08-05-2023 to discuss finances. PIC meeting with Bank on 29-05-2023 to arrange resident having access finances.</p> <p>Options to provide resident with additional storage in their bedroom are being explored. Additional storage will be provided by 26-06-2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Flooring to be completed by 23-06-2023.</li> <li>• Seals on doors and windows to be completed by 24-05-2023.</li> <li>• Painting to be completed by 02-06-2023.</li> <li>• Walls to be reinforced by builder by 23-06-2023.</li> </ul>	
Regulation 26: Risk management	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:          PIC reviewed Risk Assessments on 05-05-2023, additional risk identified as part of this inspection have been included on the individual's risk assessment. PIC discussed control measures with the Behaviour Therapist.          As a follow up from recent incident an MDT took place on 23-05-2023. Behaviour Therapist carried out observations on 22-05-2023 to determine if new restrictive practice is required, PIC currently awaits outcome of same.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• New medication press ordered, to be delivered on 24-05-2023.</li> <li>• Date when medication was opened and date for discard is now used on all medication bottles.</li> </ul>	
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> <ul style="list-style-type: none"> <li>• PIC reviewed and updated support plan in line with current healthcare needs.</li> <li>• GP reviewed resident health needs on 27-04-2023, 08-05-2023 &amp; 22-05-2023.</li> <li>• Toileting programme was introduced on 10-05-2023 by the Behaviour Therapist, BT is completing observations during the week of 22-05-2023 to support the toileting programme.</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	26/06/2023
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	23/06/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	02/06/2023

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	24/05/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	25/05/2023