



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

Issued by the Chief Inspector

Name of designated centre:	Deerpark Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	04 October 2024
Centre ID:	OSV-0007717
Fieldwork ID:	MON-0044976

About the designated centre

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

Deerpark Lodge is located in a small housing estate in County Cavan. The centre provides a residential service for up to five adults, both male and female. The house is a three storey detached property consisting of a large kitchen/dining area, a separate utility room, three communal areas, five bedrooms and an office. The garden to the back of the property is well maintained and provides outside furniture for residents to use. The objective of the service is to promote independence and to maximise the quality of life of residents living there. Residents are supported by a team of direct support workers, team leaders and the person in charge. Allied health supports including community nurses, behaviour specialists, occupational therapists, speech and language therapists and a dietician form part of the services provided to residents where required. Residents are supported to engage in activities in line with their preferences and can access some day services if they choose to. Transport is provided should residents wish to avail of activities located far away from the centre.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 4 October 2024	09:30hrs to 17:45hrs	Anna Doyle	Lead
Friday 4 October 2024	09:30hrs to 17:45hrs	Raymond Lynch	Support

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support.

Overall, the inspectors found some very positive examples of how residents were empowered to make decisions and take risks in the centre. However, there were some ongoing safeguarding concerns in the centre which some residents had raised concerns about. The inspectors found from a review of the records and from talking to residents that some improvements were required in this area.

On arrival to the centre, all of the residents were up having breakfast or were in the middle of getting up. Inspectors met with the person in charge who had only been newly appointed to the centre. The person in charge facilitated the inspection and demonstrated a very good knowledge of the residents needs and the ongoing concerns in the centre. An assistant director of services also facilitated the inspection. The inspectors met with all of the residents, two staff members and reviewed records pertaining to the residents care and support and governance arrangements in the centre

As stated, there were some ongoing safeguarding concerns being reported in the centre. The residents were kept informed about these concerns and the staff team regularly informed the residents about who to speak to if they had a complaint or safeguarding concern. Some residents had made a complaint about this recurring safeguarding issue in the centre which related to some behaviours of concern of one resident in the centre.

Notwithstanding, the ongoing safeguarding concerns in the centre, which was affecting some residents' rights in the centre, all of the residents said that they liked living in this centre and were supported to exercise their rights. For example; on the day of the inspection one resident was talking about a decision that someone else was trying to make on their behalf and the person in charge was assuring them that this decision was the residents decision to make. Another resident said ' I like to do things my own way'.

All of the residents met with the inspectors and told them about some of the things they liked to do. They all reported that they liked the staff and said that staff were kind to them. All of the residents were observed to be comfortable in the presence of staff and the staff were observed to be person centred in their approach to residents. On two occasions over the day one resident was observed having a cup of tea with staff and discussing their plans for the day.

Residents were being supported to learn new life skills to increase their independence. For example; one resident talked about how they were being supported to build their independent living skills by learning how to cook more

meals. The resident said they already made their own breakfast and lunch which they liked doing. Another resident explained how they had been supported to learn a new life skill and they were now walking independently to the local town. They were going to continue building these skills and were planning to start learning to use public transport on their own. Two residents had also long term plans to move to more independent living arrangements and spoke about how the staff were supporting them with this.

Residents also spoke about some of the things they liked to do. One resident liked music and had recently purchased a keyboard and was learning how to play it. Another resident spoke about a short city break they were planning to take.

From speaking to residents, it was also evident that they were involved in the local community. All of them liked to go shopping locally, attended the local barbers/hairdressers and regularly went out for coffees or meals. One resident spoke about a concert they had been to which they really enjoyed. Another resident spoke about their love of animals, and spoke about how they had helped one of the staff look after an animal for a short time which they said they really enjoyed.

The staff were observed to treat residents with dignity and respect over the course of the inspection. As an example one resident became upset about new people being in their environment, the staff were observed spending considerable time supporting the resident to manage their anxieties and stayed with them until they felt better.

The premises were laid out to meet the assessed needs of the residents and were generally kept in a good state of repair so as to ensure a comfortable and safe living environment for the residents. Each resident had their own bedroom. Two of the residents showed the inspectors their bedrooms and it was evident that they were able to decorate and personalise their bedrooms the way they wished. Their rooms provided a safe and private space for residents to relax in and spend some time by themselves when they so wished.

There was also adequate communal space available to the residents in the centre. This was important for their overall well-being as none of them attended a day service and the centre provided an adequate space for recreational activities, relaxation activities, to socialise in a comfortable and safe environment and to receive visitors in private.

The garden areas to the front and rear of the property were well maintained and also available to residents to utilise in times of good weather. The back garden had a patio area with garden furniture for residents to relax in whenever they so wished. Some of the residents were observed going in and out of the garden on the day of the inspection to have a cigarette. Those residents understood the implications that smoking can have on their overall health and well being and informed the inspectors that it was their choice to continue smoking.

Residents meetings were held every week where issues to do with safety and how to stay safe in the centre formed part of the standing agenda at residents meetings. For example, residents were reminded of the importance of fire safety, how to

respond in the event of a fire and fire drills were being facilitated.

Additionally, safeguarding and rights were also discussed at residents meetings. Residents were reminded that if they felt unsafe or mistreated to report their concerns immediately to the person in charge or to a member of staff. The role and importance of advocacy was also discussed with the residents and they were reminded of the importance of treating each other with dignity and respect.

As a way of checking in with residents individually, the person in charge had also commenced meetings with residents to provide additional support while the safeguarding concerns remained an issue in the centre. Overall residents reported that most of the time they felt good and spoke about activities or supports they had in place. However, some continued to report that they were unhappy with the impact of one residents behaviours of concerns. The inspectors also spoke to the residents about the ongoing safeguarding concerns in the centre, while most of them reported that they felt supported by staff, one resident said 'I just want it to go back to how it was'.

Residents were also advised of their right to make a complaint and one resident had the support of an advocate. A resident spoke to inspectors about a complaint they had made to the registered provider about their personal possessions. When the inspector asked the resident if they were satisfied with the outcome of this the resident said they were not really happy with the outcome. This is discussed under regulation 8.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in the centre which included reporting safeguarding concerns when they arose in the centre. However, improvements were required in some regulations including risk management, safeguarding and personal plans.

There was a consistent staff team employed and the numbers and skills mix of staff were appropriate to meet the needs of residents. As discussed under regulation 8, the staffing levels in the centre required review to ensure that safeguarding plans were effective when staffing levels were reduced in the centre.

Staff had been provided with appropriate training, in respect of safeguarding and a human rights based approach to care. The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should

a safeguarding concern arise in the centre.

Regulation 15: Staffing

The inspectors reviewed the rosters for the month of September 2024 and found that staffing arrangements were as described in the statement of purpose and by the person in charge on the day of this inspection. For example:

- two staff worked waking nights every night
- three staff were also on duty each day
- the person in charge also worked day hours from Monday to Friday each week in the centre.

However, the staffing arrangements required review as one resident was on 1:1 staffing support throughout the day and 2:1 staffing support for personal care. The inspectors were not assured this arrangement was adequate as for short periods of time there were only two staff members working waking nights. This meant that there were no staff on the floor to support other residents when 2:1 staffing support was being provided to the resident that required it. This issue was actioned under Regulation 8: Protection.

The inspectors viewed three staff files and found that they contained all the information as required by Schedule 2 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). This included vetting and references. The person in charge also confirmed on the day of this inspection that all staff had garda vetting on file.

Additionally, the inspectors viewed a sample of staff meetings and found issues to do with safeguarding and trust in care were discussed. The policy on safeguarding was also discussed and at a meeting in July 2024, the house manager went through the safeguarding procedures with the staff team. The policy informed that the service was committed to safeguard the welfare of all people who used the service and to promote a living environment where people were protected from abuse, neglect and mistreatment.

At another house meeting in June 2024 the concept of human rights was also discussed with the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training records of three staff members, the inspector found that

they were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being.

For example, staff had undertaken a number of in-service training sessions which included:

- Safeguarding of Vulnerable Adults
- Trust in Care
- Children's First
- Communication Effectively through Open Disclosure
- Positive Behavioural Support
- Medication Management
- Epilepsy Awareness (to include the administration of emergency medication)
- Feeding Eating Drinking and Swallowing Difficulties (FEDs)
- People and Moving Handling
- Manual Handling
- First Aid.

Two staff members spoken with said that they would have no concern raising any issue they might have about the safety and welfare of the residents with the person in charge. They also reported that they were confident if the residents had any concerns they would inform a staff member. They said that, the staff team knew the residents well and always provided assurances and reassured residents if they were anxious and/or upset about anything.

Staff had also undertaken other training so as to ensure a safe living environment for the residents. For example, this training included:

- Fire Safety Training
- Infection Prevention and Control (IPC)
- Hand Hygiene
- Donning and Doffing of Personal Protective Equipment.

Additionally, staff had undertaken a number of courses promoting the safeguarding of residents rights and autonomy to include training in the following:

- Positive Risk Taking
- Human Rights and Capacity Legislation/Consent.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced and qualified assistant

director of services.

The person in charge held qualifications in social care and management. Prior to taking up the role of person in charge in this centre, they had worked for a number of years as a team leader. They were found to have good organisational skills and were responsive to the inspection process. They were also aware of the assessed needs of the residents living in this centre and residents were observed to be relaxed and comfortable in the presence of the person in charge. One staff member spoke with also reported that the person in charge was supportive and approachable.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023/2024 along with a six monthly unannounced visit to the centre carried out in August 2024. These audits were to ensure the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents. On completion of the audits, actions were being identified along with a plan to address them in a timely manner.

For example, the auditing process identified the following:

- rights, advocacy and decision making were to be discussed at staff meetings
- all staff were to complete human rights training
- all complaints were to be signed off by the assistant director of services and the person in charge
- an issue relating to a resident refusing to engage in some healthcare-related appointments was to be kept under review.

These issues had been actioned and addressed at the time of this inspection.

It was observed that the oversight and management of some peer to peer related issues and complaints about these issues, required further review and action. These deficits are further discussed and actioned later in this report under regulation 8: safeguarding.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the staff team were striving to provide person centred care to the residents in this centre. This meant that residents were able; to express their views, were supported to make decisions about their care and that the staff team listened to these views. However, improvements were required in the review of safeguarding plans in the centre, the review of one residents care needs and risk management.

There was a policy on risk management available in the centre and each resident had a number of individual risk management plans on file so as to support their overall safety and well being. Some of these plans required review.

Safeguarding concerns were being identified, reported to the relevant authorities and managed to some degree in the centre. However, given the ongoing concerns in the centre, there was no comprehensive review of all safeguarding plans to assure that they were effective or whether further actions were necessary to inform future practice and reduce the impact on residents in the centre.

Each resident had a personal plan which included an assessment of need and support plans were in place to guide staff practice. However, one resident's health was being monitored at the time of the inspection and there had been no comprehensive review by allied health professionals in relation to this monitoring. This was particularly important, as the changes in this resident's presentation was impacting the other residents in the centre and was contributing to most of the safeguarding concerns in this centre.

Residents were supported with their communication needs and easy to read information was provided where necessary to enable the residents to make informed decisions.

The premises was spacious and well maintained and each resident had their own bedroom where they could spend time on their own, in private, if they wished.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes.

Easy read information on safeguarding, advocacy, the complaints process and rights was available to the residents which helped support them to communicate their feedback on the quality and safety of care provided in the service.

Staff also had regular meetings and/or check ins with the residents where they could communicate, discuss and address any issues they may have in the centre.

It was also observed the person in charge had put together an easy-to-read document for one resident who was soon to undergo a specific medical procedure. This document which used simple language and pictures (where required) made the process easier for the resident to understand.

Residents also had access to telephones and other such media as internet, televisions, radios and personal computers.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and were generally kept in a good state of repair, so as to ensure a comfortable and safe living environment for the residents.

Each resident had their own bedroom which were decorated to their individual style and preference. Their rooms provided a safe and private space for them to relax in and spend some time by themselves, when they so wished.

There was also adequate communal space available to the residents in the centre, which was important for their overall well-being. As none of them attended a day service, the centre provided adequate space for recreational activities, relaxation activities, socialising in a comfortable and safe environment and space to receive visitors in private.

The garden areas to the front and rear of the property were well maintained and also available to residents to utilise in times of good weather. The back garden had a patio area with garden furniture for residents to relax in whenever they so wished.

Additionally, to ensure the premises promoted a safe living environment for residents the inspectors observed it was well ventilated throughout, with the provision of adequate lighting and heating. Fire fighting equipment was also provided to include a fire alarm panel, emergency lighting, fire doors and fire extinguishers. Such equipment was essential in protecting residents and their home from fire damage. Fire fighting equipment was also being serviced as required by the regulations.

The inspectors observed that a resident who had recently transitioned into the centre used assistive equipment to mobilise. In order to ensure the environment was appropriate and safe for this resident a number of renovations were made to the property prior to their transition into the house. For example, a bedroom on the ground floor had been adapted to meet their needs. Additional equipment was also sourced so as to ensure the safety and well being of the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file, so as to support their

overall safety and well being.

For example, where a resident was at risk due to disengaging from medical appointments the following supports and controls were in place to support their overall safety and wellbeing:

- reminders of the importance of attending appointments
- staff encouragement to attend by the use of social stories and 1:1 staff support
- easy-to-read information was available in preparation for upcoming appointments
- where a resident refused to attend their appointments the house manager, the person in charge and the community nurse were consulted with
- where a resident refused to attend their appointments a new appointment was rescheduled for them.

The inspectors observe that, the centre had a policy in place on capacity and consent. This policy was to act as a guide to staff to help maximise each person's level of involvement and control over choices and decisions that impact their lives.

In line with this policy, the centre was also promoting a positive attitude towards risk taking by supporting resident's autonomy and to achieve personal growth. For example, one resident who transitioned into the centre in 2023 expressed a desire to independently walk into the nearby town so as to have a cup of tea and something to eat without staff support. In order to realise this goal for the resident and to respect their autonomy and choice, a number of steps were taken to include:

- an occupational therapist worked with the resident and made a number of recommendation so as to ensure the their safety when independently accessing the community
- the resident was shadowed on a number of occasions so as to ensure they could access their community safely
- the resident was educated on the rules of the road and how to stay safe crossing the road
- they were encouraged to wear bright colours so as to be seen
- they brought their mobile phone with them (fully charged) so as they could contact staff if they needed any support when out on their own

On the day of this inspection the resident was accessing their local town independently and the person in charge reported that, the resident was very happy with this outcome as it promoted their autonomy in making choices and having more control over their life.

Some minor issues were identified with the process of risk management however. For example:

- a risk assessment related to displays of aggression required review so as to ensure it accurately measured the level of risk involved
- a personal emergency evacuation plan/risk assessment for one resident required updating so as to provide explicit actions for staff to take in

supporting this resident to evacuate the building in the event of a fire. It was observed that at times during fire drills, the resident might refuse to leave the building and/or take a long time to leave the building.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an easy to read version. The assessment of need outlined, whether safeguarding concerns were relevant to residents in the centre. Some residents had risk assessments in place identifying measures in place to manage safeguarding concerns which related to behaviours of concern. Safeguarding plans were also in place to show, how residents were being supported to keep safe. However, these plans were not being reviewed on a regular basis to ensure that they were effective as discussed under regulation 8 of this report.

From talking to residents, it was clear they were involved in decisions about their care and support. One resident spoken with was aware of their health needs and the supports in place to help them with this.

One of the resident's was having medical investigations conducted to see if there was medical reason for a change in their behaviours. For example; the resident had recently been to the dentist to see if pain maybe a factor. Additional monitoring charts had also been introduced to establish if there were any trends to explain the changes in the resident's presentation. However, the inspectors found that some of these monitoring charts were not detailed enough and discussed this with the person in charge.

The inspectors also found that, there had been no comprehensive review of these monitoring charts to see if the underlying cause of the changes in their behaviour could be established. For example; a sleep chart showed that the resident had not been sleeping well, and the resident's support plan indicated that, tiredness would increase the likelihood of the behaviour occurring. However, there were no records to show a review of these sleep charts. This was particularly important as the changes in this resident's presentation was impacting the other residents in the centre and was contributing to most of the safeguarding concerns in this centre.

Residents were able to take part in activities of their choosing some of which involved an element of positive risk-taking as discussed under regulation 26.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors found that, while safeguarding concerns were being identified, reported to the relevant authorities and managed to some degree in the centre, there was no comprehensive review of all safeguarding plans in the centre to ensure they were effective or whether further actions were necessary to inform future practice and reduce the impact on residents in the centre.

As stated earlier, some residents had made a complaint about a recurring safeguarding issue in the centre which related to behaviours of concern. These behaviours had only begun in recent months and at the time of this inspection the registered provider was investigating through medical investigations and allied health professional reviews to see what was causing this recent change in behaviours. By doing this it may help to support the resident in question and may reduce or eliminate these behaviours, thereby stopping the impact it was having on the other residents.

However, at the time of the inspection these investigations/reviews had not been fully completed and there was no known cause for the behaviours of concern. As a result the other residents continued to report their dissatisfaction with the service and the safeguarding concerns continued to be reported. For example; it was observed that at a residents meeting on September 22, 2024 one resident said they had complained about another resident's behaviour and nothing had been done since. The resident was reassured and encouraged to speak with staff at any time about any concerns they had. The person in charge had also commenced additional meetings with residents to provide support to each resident regarding the ongoing concerns in the centre.

Given the fact that residents continued to express their dissatisfaction, the inspectors found that, safeguarding plans had not been reviewed at a more senior level in the organisation to provide oversight and assurance that, all measures taken to date were effective and did not continue to impact on other residents. For example; inspectors were not fully assured that the staffing levels outlined in the safeguarding plans were sufficient at all times each day and this required review to ensure it was not impacting on the residents.

As stated earlier a resident spoke to inspectors about a complaint they had made to the registered provider about their personal possessions. When the inspector asked the resident if they were satisfied with the outcome of this the resident said they were not really happy with the outcome. The resident acknowledged that they had not reported their dissatisfaction with this outcome to the person in charge. The inspector provided feedback to the assistant director of services and the person in charge about this residents dissatisfaction and provided assurances that they would review this with the resident after the inspection.

All staff had received training in the safeguarding of residents, and were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in reporting and responding to those concerns. The residents were also kept informed about their right to raise a concern or make a complaint to the staff team or the person in charge. The person in charge had put additional

measures to check in with residents each week due to the ongoing safeguarding concerns in the centre.

Overall, the inspectors found that any concerns which had been raised were reported in a timely manner. A review of all of the documents pertaining to these concerns showed that they had been investigated where appropriate and where relevant, safeguarding plans had been developed. However, a review of all the safeguarding plans to assure that they were effective had not been completed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Notwithstanding, the ongoing safeguarding concerns in the centre, which were negatively affecting some residents', all of the residents said they liked living in this centre and were supported to exercise their rights.

For example; on the day of the inspection, one resident was talking about a decision that someone else was trying to make on their behalf and the person in charge was assuring them that this decision was their decision to make and not someone else.

Each resident was supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and well being. For example; one resident was provided with support and education to walk independently to the local town.

The residents spoken with were aware of their health care needs and were included in decisions around these needs.

The provider had ensured that residents were informed of their right to access independent advocacy services. At the time of the inspection, one resident was meeting an independent advocate on a regular basis.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Deerpark Lodge OSV-0007717

Inspection ID: MON-0044976

Date of inspection: 04/10/2024

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge and Assistant Director of Service have undertaken a comprehensive review of all risk assessments within the centre to ensure that the identified control measures are both accurate and appropriate. This process has been carried out in full adherence to The Talbot Group's risk management policy, ensuring that all risks are documented and managed.</p> <p>The Person in Charge has consulted with the occupational therapist concerning the evacuation of a resident during fire drills or in the event of an actual fire. A pillow fire alarm has been recommended by the Occupational Therapist and this has been ordered for the resident to ensure the safe evacuation from the centre in the event of an actual fire.</p> <p>The peeps plan for this resident will be reviewed in line with the evacuation procedure and a social story will be completed with the resident to ensure that the resident is fully aware of this new procedure and equipment.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A comprehensive evaluation of the safeguarding measures has been conducted by the Assistant Director of Services and the Person in Charge. The current safeguarding plans have been discussed with the staff team on October 29th during a staff meeting. To</p>	

ensure the safeguarding plans remains effective and continues to meet the evolving needs of the residents, the Person in Charge will regularly assess and implement necessary updates.

The Provider has introduced an additional staff member each day into the centre on the 16.10.24 as an additional control measure to support all residents while one resident medical review are being completed.

A further review of one resident's Positive behavior support plan was completed on the 23.10.24 by the behavioral specialist. Additional training has been identified for all staff in the Centre for positive behavioral support including trauma informed care.

The accuracy, content and effectiveness of the existing monitoring charts has also been reviewed by the Person In Charge. The Person in Charge identified that certain plans required updates to include additional and more accurate information, which have now been implemented for the resident. To ensure a more accurate assessment of residents' needs, chart evaluations have been conducted consistently by the Person In Charge and multi-disciplinary team. This information is then communicated to the Person in Charge and the staff team to allow the multidisciplinary team to evaluate these charts more effectively

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The Assistant Director of Services and the Person in Charge have conducted a thorough evaluation of all current safeguarding plans to assess their effectiveness. The outcomes of this evaluation have been communicated to the staff team. A detailed review of the safeguarding plans has been provided by the Person in Charge during a meeting that took place on October 29th. Additionally, a regular review schedule has been established by the Person in Charge to continuously assess the plans' effectiveness and make necessary adjustments.

During the weekly check-in with the Person in Charge, each resident has the opportunity to discuss any concerns or complaints they wished to raise. Upon reviewing a recent residents' meeting, it was noted that a resident's concern had not been appropriately addressed or escalated to management. As a result, the Person in Charge has adjusted the schedule for residents' meetings to take place from Sunday to Wednesday, ensuring they take place while the Person in Charge is present. This change is intended to ensure that all issues or concerns are promptly communicated and addressed in a timely manner.

The Person in Charge has followed up with a resident regarding their dissatisfaction with a previous complaint related to personal possessions. Although supplementary support for managing personal possessions was offered, the resident declined the assistance.

When asked if additional support was needed, the resident expressed satisfaction with the current secure arrangement and was uncertain whether the item in question was lost or misplaced. The resident was asked if they wished to take further action regarding the missing item, but they declined and stated they were satisfied with the situation, requesting that no further action be taken.



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	27/11/2024
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/10/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of	Substantially Compliant	Yellow	31/10/2024

	abuse.			
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