



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

Issued by the Chief Inspector

Name of designated centre:	Hill View Respite & Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	27 November 2024
Centre ID:	OSV-0001755
Fieldwork ID:	MON-0041301

About the designated centre

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

Hill View Respite and Residential Services is a centre run by Western Care Association. The centre is located in a town in Co. Mayo and provides residential and respite care for up to five male and female adults over the age of 18 years, who have an intellectual disability. The centre comprises of one two-storey dwelling, where residents have access to their own bedroom, some en-suite facilities, shared bathrooms and communal areas. The centre also has a self-contained apartment which has its own access point. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 27 November 2024	16:00hrs to 18:30hrs	Angela McCormack	Lead
Thursday 28 November 2024	09:55hrs to 14:15hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out over two half days, during evening time and the following morning. The inspection was completed to monitor compliance with the regulations. This inspection found that Hill View respite and residential service provided good quality, person-centred care and support to residents.

The centre was a two storey building which comprised a respite service that could accommodate up to four adults, and a residential service that provided individualised full-time care to one resident. While both services were contained within the one building, they had separate entrances. This promoted privacy for the resident receiving the full-time residential service.

Throughout the inspection the inspector met with all four residents who were receiving support at that time. Four staff members and one family member were also met with. The inspector arrived to the centre at 16.00 the first evening. Two staff members were met with first. They had just started their shift which include covering sleepover shifts that night in the respite service. They were busy preparing for three residents who were due to arrive for their respite stay that night. The inspector gave staff members an easy-to-read document called 'nice to meet you' that inspectors use with the aim of supporting residents to understand the purpose of their visit.

Throughout the first evening the inspector got the opportunity to spend time with all three residents who were receiving respite care that night. In addition, the resident who received full-time care was met with the following day in line with their wishes. Most residents communicated verbally and appeared happy to spend time with the inspector talking about their lives. One respite resident agreed to go through their personal plan folder with the inspector. They spoke about their family life, likes and interests. Another resident communicated through an alternative method. The inspector observed that staff supporting them appeared knowledgeable about their communications and were responsive to them. Staff said that they received training in this communication method recently. They said that they found this very good. All residents communicated with the inspector through their preferred communication methods. They spoke about their experiences staying in the centre, their lives and about the activities that they enjoyed.

All residents said they were happy in the centre. Two residents receiving respite care said that they enjoyed coming in for their breaks. One family member spoken with was complimentary of the service, and about the supports given to them and their family member. They said that the communication with the service was very good.

The respite service provided a part-time service, meaning they were closed for a number of days in the month. Respite breaks of varying types and duration were

provided to up to 28 adults. Families were consulted as part of the annual review of the service. While the feedback from families was complimentary overall, some families expressed concerns about the part-time nature of the respite service and about fears of it being cancelled if an emergency admission occurred. This had happened previously in the centre and meant that respite was cancelled for a period of time. It was evident through reviews of documentation and discussions with the person in charge that communication with families, and their views, were important to them. In addition, the person in charge was proactive in ensuring that the respite service met the needs of residents within the resources available. The inspector was informed that additional funding had recently been received from the organisation's funding body to increase the level of respite provision. This was a positive development, however difficulties with staffing recruitment and retention meant that this was delayed. Ongoing reviews of rosters and compatibility occurred to ensure that residents receiving respite had a good experience. This was achieved for the most part; however one safeguarding risk had not been followed up appropriately at the time and meant that these residents continued to get respite together, resulting in a further safeguarding incident. This will be discussed further under the regulations section.

Residents met with enjoyed a wide range of activities that were meaningful to them. These included; swimming, playing musical instruments, going to the gym, going on shopping trips, going out for meals, going to concerts, going for massages and receiving alternative therapies for wellbeing, such as reflexology and acupuncture.

Within the centre, residents had opportunities for leisure activities also. These included, SMART televisions to watch preferred programmes, technological devices, a pool table, a games console, a karaoke machine, various arts and crafts and sensory items. In addition, some residents spoke about how they enjoyed playing Bingo in the centre. On the days of inspection, residents took part various activities, such as going swimming in a local hotel, going out for sweet treats and playing Bingo during the evening.

There was a social club on each month in the locality, which residents enjoyed attending. One resident spoke about this and pointed out the notice about the dates of the club, which was located in the kitchen. They said that they were looking forward to the next date as a friend was celebrating their birthday and there was to be a Christmas celebration also. Residents also enjoyed activities in the wider community such as horse riding, going to the gym and meeting friends for bowling and meals out.

The premises were nicely decorated, clean, warm and homely. There were various soft furnishings, framed pictures, photographs and lamps with soft lighting throughout, which created a warm and welcoming atmosphere. In general, the centre was well maintained. A longstanding issue of dampness in one part of the centre was in progress for completion following a number of investigations about the cause.

The centre promoted accessibility and inclusion. There were two separate entrances for the respite and residential services. Staff members were seen to knock on the

residential service which showed respect for the resident's privacy and autonomy. There was a lift for accessing the upper storey of the centre for those with mobility needs. In addition, there were ramps, hand rails and appropriate lighting throughout the centre. It was clear that ongoing reviews of safety issues occurred. For example; where risks or issues with accessibility were identified, these were followed up through the online maintenance request system. This included seeking supports to ensure that residents could travel safely in the service vehicle. One resident was awaiting a review of the centre's vehicle to support them to access outings. It was also evident that actions to enhance the premises was considered also, such as plans to get garden furniture for example.

From observations on the days of inspection, it was clear that staff were knowledgeable about residents' needs and communications. Interactions between residents and staff members were respectful and kind. Residents appeared to be comfortable in the centre, with staff and each other. Residents were observed spending time in different areas of the house watching television. The layout of the centre allowed residents space to watch preferred television programmes, to relax and to do preferred activities. The staffing numbers working on each day appeared to support residents to carry out their preferred routines and activities.

The centre was found to promote a rights based approach to care. Most staff had received training in human rights. One staff spoken with said that they had plans to complete it. There were posters on display throughout the centre about the 'FREDA' principles, which outlined the principles of fairness respect, equality, dignity and autonomy. Respecting privacy was a discussion point at residents' meetings.

In addition, residents were consulted about the centre on an ongoing basis. This was done informally through daily conversations, through one-to-one meetings and group meetings. Records of the last three residents' meetings were reviewed by the inspector. This showed residents' involvement in choosing activities, choosing preferred meals and giving ideas of how to improve their stay in respite. Residents were also asked regularly if they had any issues or complaints. Residents told the inspector that they had no issues, got on with peers, felt safe in the centre, and would go to the staff or the person in charge if they had any concerns.

Overall, residents were found to receive good quality care and support in Hill View respite and residential designated centre.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and describes how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that there were good management systems in the centre. Regular audits were completed by the person in charge to monitor the care

provided. Audits were generally effective in identifying areas for quality improvement. However, improvements were required in ensuring that all safeguarding incidents and risks were identified and addressed in a timely manner. This will be elaborated on under the regulations sections of the report.

The centre was staffed with a skill mix of social care workers and social care assistants. At the time of the inspection, there was one staff vacancy that was due to be filled on 06/12/2024. There were a further two positions in the residential service due to be advertised in the coming weeks, due to two longstanding staff leaving their posts. The completion of this would ensure that the service was fully resourced and that residents were supported by a consistent staff team.

A staff training plan was in place to support staff members in having the skills and competencies to support residents with their needs. Additional training to support residents with their individual needs was provided as required. Staff spoken with said that they felt well supported.

There were regular audits completed by the local management team and by the provider. These were generally effective. However, as mentioned above, improvements were required to ensure that incidents of a safeguarding nature were promptly identified and responded to in line with the safeguarding procedures. This would ensure an appropriate response and follow up, which in turn would minimise the risk of this reoccurring.

Overall, there were good systems in place for monitoring the centre and for ensuring that staff are supported and trained.

Regulation 15: Staffing

There was a planned and actual staff roster in place. The roster was well maintained. A sample of five weeks' rosters were reviewed and showed that residents were supported by a team of regular staff, including permanent staff and relief staff.

The rota was under regular review to ensure that as many respite residents' needs were responded to within the resources available. Some staff vacancies were in progress for completion. One of these positions was appointed, with a staff member due to start in the coming weeks, and there were plans for the another two positions to be recruited for.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training needs were identified and a plan was in place to ensure that all staff received the necessary training to support residents with their assessed needs. Where refresher training was due, and where recently appointed staff required training, this was planned for.

Staff received support and supervision through quarterly supervision meetings with their line manager. Staff spoken with said that they felt well supported. In addition, recently appointed staff said that they received training and a comprehensive induction before starting working alone.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance structure in place with clear roles and responsibilities for members of the management team. In general, there were good arrangements in place for monitoring and oversight of the centre by the local management team and provider. Regular audits were completed on health and safety, infection prevention and control (IPC), medication and finances. In addition, trending of incidents occurred regularly.

The provider completed an annual review of the quality and safety of care in the centre. This included consultation and feedback from residents and their families. Unannounced visits were completed every six months by the provider, and included action plans where improvements were found to be required. However, the following was found:

- The oversight arrangements by the management team and the provider failed to identify a safeguarding concern that occurred in January 2024. This meant that the safeguarding procedures had not been followed with regard to this concern, nor the incident notified to the Chief Inspector as required. As a result, the residents affected by this concern continued to get respite together and further similar incident occurred on 22/11/2024.

The centre was resourced with a team of social care staff and a person in charge who had sole responsibility for this designated centre. The person in charge reported to an area manager who was a named person participating in management (PPIM) he centre. The centre also had a vehicle for supporting residents to access community activities. While every effort was made to resource the centre with the required staff numbers, the local management team spoke about the difficulty in recruiting and retaining staff at times.

The following was required:

- The completion of recruitment for current vacancies was required to ensure that the centre was resourced in line with the statement of purpose.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose in place that contained all the information that is required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

The provider had an up-to-date policy and procedure in place for volunteers. The service did not use volunteers at this time. The policy outlined procedures to ensure that any prospective volunteer was Garda vetted, had clear roles set out, and the arrangements to provide training, induction and support to volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were submitted to the Chief Inspector as required in the regulations. However, one safeguarding incident that occurred in January 2024 had not been submitted at the time. This was retrospectively submitted on the day of inspection.

Judgment: Compliant

Quality and safety

Overall, the service was found to provide a person-centred and good quality service, where residents' health and wellbeing were promoted. Improvements in risk management and responding to safeguarding risks in a timely manner would further enhance the quality of care provided.

Residents' individual needs were assessed and kept under review through annual planning meetings with residents and their family representatives. Residents had access to multidisciplinary team (MDT) members as required, such as sensory

occupational therapist (OT), behaviour support services and physiotherapy services. Care plans were developed to guide staff in the supports required. These were kept under review as to their effectiveness.

In addition, there were good systems in place to monitor the health and wellbeing of residents. Residents who required supports with stress management and associated behaviours had support plans that were kept under review by the MDT. Appropriate supports were provided to new respite residents to help them settle into respite.

Residents were consulted about the centre through daily discussions about their choices. Respite residents were consulted about the running of the centre through regular residents' meetings. Residents' choices about meals, shopping items and activities were agreed and found to be respected. There were easy-to-read guidance documents available as well as social stories and the use of objects of reference, to support residents' understanding of various topics.

The premises promoted accessibility for all residents, with handrails, ramps and a lift for access to the upper storey. Residents' safety was promoted through ongoing checks to ensure that the premises were safe and free from hazards. However as mentioned previously, improvements were required to ensure that all residents were kept safe from harm when availing of their respite break. In addition, improvements were required to ensure that the compatibility risks were appropriately documented, assessed and responded to in a timely manner.

In summary, the care provided was to a good quality overall. The service supported residents to lead person-centred lives, and facilitated respite residents to do activities that were meaningful to them when they received their respite break.

Regulation 11: Visits

The provider had a policy and procedure in place for visitors. Visitors were welcome to the centre. Residents had space to entertain visitors in private if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' general welfare and development were promoted in this centre. Residents were supported to take part in a variety of activities that were meaningful to them. For example; going swimming, going horse riding, going to the gym, going bowling and going to concerts.

Some residents had access to a day service. One respite resident required a day service placement as noted and discussed at their planning meeting in June 2024.

This was reported to be in progress at the time of inspection. Another resident did not attend an external day service. They were supported on a one-to-one basis to do activities from their home in Hill View respite and residential service.

In addition, the centre had facilities for leisure and recreation within the house. A range of activities were available for residents to enjoy when they came in for their respite break. These included, access to televisions, technological devices, a games console, a pool table, playing Bingo, baking and art and crafts.

Judgment: Compliant

Regulation 17: Premises

The centre was spacious, clean, bright and generally well maintained. Residents had their own individual bedrooms where they had space to store personal belongings securely. The centre promoted accessibility. There were hand rails, ramps, and a lift to the upper storey to support residents with mobility needs. Each part of the centre had laundry facilities and separate kitchens with cooking facilities.

The communal areas were bright, clean and comfortable. However, the following issue required addressing:

- There were areas of damp in one part of the centre, which while this was under ongoing investigations, had not yet been resolved.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider ensured that there were policies and procedures for risk management including safety statements and emergency plans. The provider's risk management framework was under review and due to be implemented in the coming months. This meant that the risk management framework was in between systems at the time of inspection.

Regular reviews of incidents were completed by the management team and risks assessed where identified. Risks that could affect residents were assessed and recorded on individually developed documents called a personal risk management plan (PRMP). These were found to be kept up to date. Overall risks were well managed in this centre. However, the following was found;

- There was a gap in documentation relating to the assessment of the safeguarding risk between two respite residents for whom two incidents of hair pulling occurred this year. While the person in charge was trying to

manage this by considering additional control measures to mitigate this risk, this was not clearly documented and included in the service's risk register. This meant that the residents continued to get their respite breaks together. A further incident between these residents occurred in November, and there was another planned break together due in the coming weeks. The person in charge spoke about a planned MDT meeting the week of inspection, to further review the risks. This required completion.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider ensured that there were good arrangements in place for fire safety in the centre. These included; regular fire drills, a fire alarm system, fire fighting equipment, emergency lights and fire doors. In addition, staff received training in fire safety. Regular checks were completed on the fire safety arrangements by the staff team and local management team. There were aids and appliances available for residents who required support with evacuation; including evacuation sheets and objects of reference for alerting residents to a fire.

Each resident had a personal emergency evacuation plan (PEEP) in place to guide staff in the supports required. There was good oversight of fire drills by the person in charge, to include a yearly planner. This helped to ensure that all residents had an opportunity to take part in fire drills throughout the year. A review of a sample of fire drills demonstrated that residents could be evacuated to a safe location under different scenarios. One respite resident spoken with explained how they would go to the assembly point, if they heard the fire alarm going off.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that the health, personal and social care needs of residents were assessed. A range of care plans were developed and in place where supports with needs were identified. These were found to be kept under ongoing review and updated as required. In addition, the person in charge implemented a local audit tool for reviewing care plans for residents. This helped to ensure that all respite residents' needs were monitored and followed up.

Annual review meetings were held with residents and their family representatives to review residents' care and support. In addition, residents were supported to identify goals for the future. These goals were found to be kept under ongoing review for

completion.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Residents were facilitated to access a range of allied healthcare professionals and interventions. This included national screening programmes, as required. In addition, residents were supported to access public health services, and to attend alternative therapies in line with their wishes. For example; one resident spoke about how they loved to get massages, which was positive for their overall wellbeing.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Residents who required supports with behaviours of concern had access to MDT supports who provided expertise and input into the development of care plans. It was clear from discussions with the management team and through a review of documents that every effort was made to establish the cause of behaviours, so as to best support residents. This included ruling out physical causes and establishing activities to support sensory needs. Strategies in place were kept under ongoing review as to their effectiveness.

Restrictive practices that were in place in the centre were regularly monitored by the person in charge., There were clear records outlining the rationale for any restrictive practice. This demonstrated that the least restrictive measure for the shortest duration was reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place for safeguarding vulnerable adults and for the provision of intimate care. These documents provided guidance to staff about how to promote residents' safety and protection. Residents' personal care plans outlined clear guidance to staff on where supports were required and about

how to give those supports.

However the following issue was found, which failed to ensure residents' protection at all times:

- One safeguarding incident that occurred in January 2024 between two respite residents had not been identified as a concern at the time. Furthermore this gap was not identified through the provider's audit that occurred in March 2024. Therefore, the safeguarding procedures were not followed in line with the provider's policy and required timeframes. The person in charge spoke about how training that they received subsequent to the incident in January, enhanced their knowledge on what constitutes a safeguarding concern and that they then reviewed this incident as a safeguarding concern with their line manager in April. However, there was no formal safeguarding plan put in place following this incident and review, and a similar incident occurred in November.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre was found to promote a rights-based service. Residents were consulted about their day-to-day lives and were supported to make choices. This was done in line with residents' communication methods; including verbal communication, Lamh signs, social stories, pictures and objects of reference. There were a variety of easy-to-read documents on various topics for residents to support their understanding.

Residents were consulted about the running of the centre through daily consultation and residents' meetings. For example; a residents' meeting in the respite location discussed a plan for getting garden furniture, which was planned for. Residents were also supported to practice their faith, attend religious ceremonies, and vote in line with their wishes.

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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hill View Respite & Residential Services OSV-0001755

Inspection ID: MON-0041301

Date of inspection: 28/11/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Recruitment took place for 2 vacancies on 12/12/24. One post was filled. We were unsuccessful in filling the second post. We have advertised this post again and will be interviewing for this post on 28/02/25.</p> <p>An MDT meeting took place on 05/12/24. A risk assessment was completed at that meeting and the risk is no longer present as the individual who poses the risk will be receiving respite by themselves from now on. As is our normal practice we will continue to review the compatibility of all our residents on an ongoing basis.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Maintenance assessed the area of dampness on 06/01/25 and will follow up on the identified works and treat the areas required. This will be completed by 31/01/25. Person in Charge will then review the works on a quarterly basis with maintenance to ensure they were successful. To be completed by 31/01/25 and reviewed quarterly thereafter.</p>	
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>An MDT meeting took place on 05/12/24. A risk assessment was completed at this meeting and the risk is no longer present as the individual who poses the risk will be</p>	

receiving respite by themselves from now on. The service provision risk register has been updated to include risks posed around incompatibility.

Regulation 8: Protection

Substantially Compliant

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

Going forward organizational procedure will be adhered to in response to any safeguarding concern as was evident following the incident that occurred in November 2024. The learning from this was shared with the designated officer in a phone call on 29/11/24. The learning was also shared and reviewed with the respite staff team at a staff meeting on 03/12/24.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	05/12/2024

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	06/01/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	03/12/2024