

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

Issued by the Chief Inspector

Name of designated centre:	Seirbhis Radharc an Chlair
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 March 2024 and 13 March 2024
Centre ID:	OSV-0005026
Fieldwork ID:	MON-0043125

About the designated centre

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

Seirbhís Radharc an Chláir provides a full-time residential service for up to eleven individuals of mixed gender who are over 18 years of age and have an intellectual disability and or autism. Residents may also present with complex needs such as physical, medical, mental health, mobility and or sensory needs and may require assistance with communication. Residents have the choice of a home based day service which includes linking with their local community, or attending day programmes in the area. Residents are supported by a staff team that includes social care leaders, social care workers and care assistants. Staff are based in the centre when residents are present. At night there is a staff member on waking duty in one house, and a staff member sleeps in the other house to support residents. Seirbhís Radharc an Chláir is made up of two houses in a rural area close to the coast. Both houses are spacious with large gardens, and in each house there is also self-contained accommodation for one person. All residents have their own bedrooms. The centre has transport available at each house, to facilitate residents to access the community in line with their wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Tuesday 12 March 2024	13:00hrs to 18:30hrs	Ivan Cormican	Lead
Wednesday 13 March 2024	09:00hrs to 13:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which was conducted over two consecutive days. On these days, the inspector met with eight of the nine residents who used this service. The designated centre comprised of two separate houses which were in close proximity to each other and located in the countryside, but within a short drive of Galway city. The centre was registered to cater for up-to-eleven residents and there were two residential vacancies at the time of inspection.

One of the houses in this centre was registered to cater for six residents. This house catered for residents with high support needs and residents in this area of the centre required assistance with regards to their safety, mobility, nutrition, personal and social care. Some residents had some verbal skills while others communicated through the use of sounds, gestures and body language. Residents in this house were predominantly from the Gaeltacht and they preferred to converse in Irish. Two staff who were on duty were also from the area and they chatted freely with residents in Irish throughout the inspection. This was a very pleasant house and it was clear that residents enjoyed a good quality of life and they were supported by staff who promoted their well being.

The inspector spent the majority of the first day of inspection in this house and found that it was a very pleasant place in which to live. One resident had their own area which had a bedroom, bathroom and living room. The remaining residents occupied the main section of the house and they had the use of a large reception room, a separate living room and a large kitchen/dining room. Residents also had their own bedroom and there was an adequate number of bathrooms which had been adapted to meet their mobility needs.

Residents went freely about their own affairs on the afternoon of inspection with some residents resting and others out shopping as the inspection commenced. Staff explained that residents really enjoyed getting out and about and a resident who met with the inspector was delighted with their purchases from their trip. Staff discussed how residents enjoyed going to the aquarium, music concerts, swimming and to local restaurants. One staff member also explained that one resident also really enjoyed action movies in the local cinema.

It was clear that residents' welfare and well being was to the forefront of care in this house. Staff who met with the inspector had detailed knowledge of residents' care needs and they spoke warmly when interacting with and referring to residents. The inspector also observed staff chatting with residents about their day and assisting them with lunch and sensory equipment. One staff member sat for a period of time with residents and they explained that one resident required additional supervision due to recent falls. They also were aware of referrals to allied health professionals and upcoming reviews in regards to these falls.

The inspector attended the other house in this centre for a short period of time on

the first day of inspection, and spent the second day of inspection in this house. Again, this house had a very pleasant feel and residents were relaxed and interacted freely with each other and staff. The centre was large, well maintained and comfortably furnished throughout. One resident had their own apartment area which comprised of a small kitchen, sitting/dining area and also an ensuite bedroom. The main aspect of the house could accommodate up to four residents, with each resident having their own bedroom. This area also had a spacious living/dining area and also an open plan kitchen.

Residents in this house also enjoyed a good quality of life and they were supported by a staff team who knew their needs well. Again, there were a number of residents who were Irish speakers and staff were observed to frequently chat in Irish with them. Residents had a good rapport with each other and they were also observed to enjoy the company of staff. A resident, who was unwell and attended their general practitioner on the second day of inspection, was in good spirits upon their return and they sat and had tea with staff and the inspector. They smiled warmly as they pointed out photographs of themselves in their personal plan and it was clear that they liked their home and enjoyed the company of staff.

Residents enjoyed an active lifestyle and they were out and about on the day of inspection. Documentation reviewed indicated that residents liked to go shopping, have meals out and also go to areas such as Westport and Kylemore Abbey. A resident, in the recent past, had also gone on a cruise with their family and they smiled warmly when they were asked about this holiday.

Overall, the inspector found that day to day life was very pleasant for residents. They were well supported with their needs and staff who were on duty were kind and considerate in their approach to care. However, several areas of care required further adjustments to ensure they were held to a good standard at all times, for example, consultation with residents and support with personal goals was held to a good standard in one house but improvements were required in the other. In addition, risk management, fire safety, medication management, complaints, restrictive practices and complaints all required further review. These issues will be discussed in the subsequent sections of this report.

Capacity and capability

The oversight arrangements in this centre ensured that residents were safe and enjoyed a good quality of life. The provider had appointed a person in charge and they were supported in their role by two team leaders.

The centre comprised two houses and supported residents with moderate to high care needs. The person in charge held responsibility for the delivery of care across both of these houses. The centre's management structure allowed for a team leader in each house, with the team leader responsible for the day to day provision of care. The person in charge and both team leaders facilitated the inspection and it was

clear that they had an indepth knowledge of the residents' care needs and of the services which were in place to meet these needs. Each team leader had oversight of staff rotas, training and they were the first aspect of the review process for incidents and accidents.

The provider was aware of the requirement to conduct announced audits of care and also an annual review of the service. These audits were found to be indepth and took into consideration residents' and their representatives' views and opinions in regards to the service provided. Through these audits and reviews, the provider had assured themselves that the provision of care was held to a good standard with several low impact issues found on the centre's last unannounced visit.

The provider had ensured that the centre was adequately resourced in terms of staffing. Both houses had different staffing requirements with one house supported by a night staff and up-to-four staff during daytime hours and the other house supported by a sleep in staff and up-to-two staff during daytime hours. Both houses also had the use of a number of vehicles which ensured that residents were well supported to access their local area and nearby towns.

Staff who were on duty had a positive approach to care and it was clear that they had a good knowledge of resident's individual and collective care needs. Staff who met with the inspector stated that they were supported in their role and they would have no issues in raising concerns with the person in charge or team leader. They also attended scheduled support and supervision and regular team meetings were occurring which gave staff ample opportunity to discuss the provision of care within the centre.

Overall, the inspector found that this was a pleasant centre in which to live. The provider had ensured that residents were supported by a staff team who knew their needs and the oversight arrangements which were in place ensured that care was generally held to a good standard.

Regulation 15: Staffing

The provider had a staff team in place who had a good understanding of residents' collective needs, and they also had an indepth knowledge of resident's individual preferences in regards to the care which they received. The staff team who were on duty were kind and considerate in their approach to care and it was clear that the welfare and well being of residents was promoted.

The centre's management ensured that staff had opportunities to discuss the care provided and raise any concerns which they may have. Staff also attended scheduled support and supervision which aided in their personal development.

A review of the centre's rotas also indicated that residents were supported by a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory training programme in place which assisted in ensuring that staff could care for the assessed needs of residents. The mandatory training programme included areas such as safeguarding, fire safety and manual handling. Additional training, which was based on the assessed needs of residents, was also provided in areas such as epilepsy and the administration of rescue medication.

A refresher training programme was also in place to ensure that staff skills and knowledge were kept up to date with developments in care practices. However, records which were reviewed failed to demonstrate that all staff were up to date with safeguarding, fire and modified diet training.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had a insurance in place which was in line with the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was good oversight of care in this centre. The provider had completed all audits and reviews as set out in the regulations and the person in charge and team leaders had a schedule of internal audits which provided assurances in regards to the oversight of care.

The provider's last six-monthly audit found that the centre provided a good quality service and they examined areas of care including complaints, behavioural support, safeguarding and the local oversight of care. In addition, the centre's annual review provided a comprehensive overview of the service and how it had progressed over the previous year. Both the centre's annual review and unannounced audit gave a good account of residents' lives and how they were consulted in regards to their home and decisions about their care. In addition, the review had completed surveys of residents, and their representatives thoughts on the service. The inspector found that these arrangements promoted an open and transparent culture within the

centre.

The centre also had a clear management structure with the person in charge responsible for the day-to-day operation and oversight of care. They were supported by two team leaders and a senior manager and an out-of-hours service ensured that managerial cover was available to staff at all times of the day and night.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no active complaints in the centre and staff could clearly explain how a complaint would be managed if received. It was clear that the centre had an open and transparent culture and information on complaints was readily available.

However, improvements were required as the provider failed to demonstrate how current residents were supported to understand the complaints process in one area of the centre.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents enjoyed living in this centre which they considered their home. They were well supported in relation to community access and it was clear that their safety and wellbeing was promoted. Although the centre was a pleasant place in which to live, several areas of care reviewed including, risk management, fire safety, medication management, goal setting, restrictive practices and consultation with residents required further review. These areas will be discussed in the subsequent section and regulations.

Both houses in this centre supported residents with different levels of needs. In one house, residents required high support with their safety, personal care, nutrition and social needs. In the other house, residents required less supports in these areas of care but they still required a moderate level of care. Residents in both houses enjoyed social activities and staff who met with the inspector had a good understanding of their personal interests. A review of records indicated that residents were out and about on a daily basis and over both days of inspection residents were shopping, attended appointments and had lunch out. They were well supported in terms of day to day activities; however personal plans which were reviewed in one house indicated that improvements were required in regards to goal setting. For example, a planning meeting had not occurred annually for one resident and the provider was unable to demonstrate how they had been supported to

achieve previous goals which they had chosen. A second plan which was reviewed indicated that a resident had achieved two of their goals but there were no updates in relation to plane trip which they had identified.

Fire safety was taken seriously by the provider and extensive works had been completed since the last inspection to bring about improvements in this area of care. One house had been adapted with additional evacuation points and a review of fire drill records indicated that time taken to evacuate residents had greatly improved. Site specific fire safety training and also occurred and staff had a good understanding of residents' collective and individual evacuation requirements. This house also had a fire procedures on display and a fire alarm system was in place to give warning of fires. The centre had three zones to identify the located of a fire but the house was large and the entirety of zone one was identified as the ground floor where residents' communal and bedroom areas were located. Although the provider demonstrated that this was compliant with the regulations, in terms of continued improvement, the inspector found that a further review of this zone to better identify individual areas would further build upon the fire safety arrangements which had been enhanced since the last inspection.

Even though fire safety was held to a good standard in one house, the second house in this centre did require some improvements in terms of fire containment. This house supported residents with moderate needs and a review of fire drill records indicated that residents and staff could evacuate the centre promptly in the event of a fire. A fire detection system, emergency lighting and fire extinguishers were in place and staff had a good understanding of fire precautions. Fire doors were also installed and self closing mechanisms were in place on doors which located in high risk areas such as the kitchen, dining area and laundry. However, arrangements were not in place to ensure that residents' bedroom doors would close in the event of a fire which compromised fire containment in this house.

The inspector observed that residents were treated with dignity and respect throughout the inspection and that staff were patient in their approach to care. Throughout both days of inspection staff were observed to chat freely with residents and they kept them informed of plans for the day and also offered choice in regards to meals, snacks and activities. Staff in one house ran scheduled advocacy meetings which residents attended. However, advocacy meetings in the second house were not occurring as scheduled which did impact upon consultation with residents in this area of the centre.

The inspector found that residents enjoyed a good quality of life and they were supported by a staff team who actively promoted their wellbeing and welfare. Although there were several areas of care which required adjustments, overall the centre was a pleasant place in which to live.

Regulation 12: Personal possessions

The provider had good arrangements in place to support residents with their

personal possessions and property. Each resident had their own bedroom where they could store their property and the provider ensured that up to date property logs were completed.

Residents had their own bank accounts, which promoted their rights, and there were detailed checks and reviews in place for all financial transactions which were completed on their behalf.

Judgment: Compliant

Regulation 17: Premises

The centre comprised two separate houses which were located within a short distance of each other. Both houses were large and well maintained with one of the houses adapted to meet the needs of residents with reduced mobility.

Each resident had their own bedroom and there was ample space in each house for residents to relax. One house was also awaiting a new kitchen and staff discussed plans to convert an unused building into a wellness centre for the residents use. In addition, staff had also secured funding to install a sensory garden walkway and an extensive path had already been laid to access this area since the previous inspection of this centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management and the response to incidents underpin the safety of care which is provided to residents. Management of the centre had a good understanding of the risks which had the potential to impact upon the provision of care with risk assessments in place for relevant issues such as falls, choking and epilepsy.

Although there was a good understanding of these risks and also the measures which were in place to mitigate against their impact, improvements were required to supporting documentation as some relevant risk assessments had not been reviewed and kept up to date as required.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The centre was clean and well maintained to a visual inspection. Hand sanitising stations were readily available throughout the centre and staff were observed to frequently wash and sanitise their hands. Personal protective equipment (PPE) was also freely available to staff.

Staff members had also received additional training in regards to infection prevention and control, hand hygiene and the use of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety was promoted in both aspects of the designated centre. Staff teams clearly demonstrated a good knowledge of fire procedures and the actions taken since the last inspection of this centre promoted the prompt evacuation of residents. The provider had an up to date service schedule in place for fire safety equipment and staff were completing scheduled reviews to ensure that fire safety measures were in good working order.

Although fire safety was generally promoted, improvements were required in one house in this centre as the provider failed to demonstrate that all fire doors would close in the event of a fire occurring.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Staff members had undertaken training in the safe administration of medications and staff who were on duty had a good understanding in regards to medication administration practices, including rescue and as required medicinal products. The centre also had suitable storage and stock taking procedures in place.

Although medication practices were generally held to a good standard, the inspector noted that a repeated medication error, in relation to a controlled medicinal product and which occurred over a six day period, had not prompted a review of medication practices in this centre. This error had been identified by a nurse on duty; however, administration practices in regards to this medication required further review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had a good social life and they were supported by a team who promoted their inclusion in the local community. The staff team also had a good understanding of residents needs and preferences in regards to care and they were guided in the practice through experience of working in the centre and also by personal plans which were in place for each resident.

Personal planning which detailed resident's individual needs was held to a good standard with regular reviews ensuring that residents' changing needs would be identified and accommodated.

Residents were also assisted to identify and achieve personal goals with some residents having achieved personal holidays and various trips and overnight hotel breaks. However, improvements were required for some residents as an individual planning meeting had not occurred as required and the provider failed to demonstrate that some residents were supported to achieve all of their chosen goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Minimal interventions were required in this centre in terms of behavioural support; however, restrictive practices were in use in response to safety concerns. There was good oversight of identified restrictive practices with reviews conducted by the provider's human rights committee ensuring that these practices were evidenced based and a requirement of care.

Although, this area of care was generally held to a good standard, some restrictive practices in use had not been identified by the provider. In addition, recommendations by the human rights committee had not been addressed following a recent review by them in relation to one restrictive practice.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding concerns in this centre and the inspector observed that residents were treated with dignity and respect.

Residents who met with the inspector were relaxed and comfortable in their home and it was clear that they enjoyed the company of staff who supported them.

There had been a safeguarding incident in the months prior to the inspection and

the provider acted promptly to identify and resolve this issue.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were actively promoted through the actions of the provider and the staff team. The provider's human rights committee ensured that any restrictive practices were warranted and kept under regular review.

The staff team were observed to chat freely with residents and kept them informed of plans and activities for the day ahead. Staff were also in the process of acquiring passports for residents in order for them to go on a foreign holiday.

Advocacy meetings were a regular occurrence in one aspect of the designated centre. However, advocacy meetings in the second house were not occurring as scheduled which did impact upon consultation with residents in this area of the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Seirbhis Radharc an Chlair OSV-0005026

Inspection ID: MON-0043125

Date of inspection: 12/03/2024 and 13/03/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In accordance with Regulation 16 (1)(a) the Person in Charge will ensure that all staff are up to date with their mandatory training programme. All staff who required identified trainings have been booked in to complete them and the refresher programmes. These staff are in the process of completing same.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>In accordance with Regulation 34(2)(c) the Person In Charge has ensured that all residents are supported to understand the complaints process. A visual complaints poster is now in place and accessible to all residents.</p> <p>Advocacy meetings have also taken place and will continue every month to discuss relevant issues in each house, this includes the complaints procedure.</p>	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In accordance with Regulation 26 (2) the Person in Charge, team leaders and the teams are in the process of updating and reviewing all risk assessments. This is being completed in line with the organisation's Risk Management Policy and the individual needs of the residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In accordance with Regulation 28(3)(a) the Person in Charge has assessed all fire doors in the Designated Centre and identified works required to ensure that all fire doors work properly. The Person in Charge has arranged for these works to be carried out.</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: In accordance with Regulation 29(4)(b) the Person in Charge, in conjunction with the Team Leader and nursing staff, have reviewed the administration practices of a controlled medicinal product and implemented a Care Plan for same. The Care Plan will be reviewed at the next Team Meeting on 16th April 2024.</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: In accordance with Regulation 5(1)(b) the Person in Charge has ensured that all Residents have been supported to have a Personal Planning Meeting and all Individuals have a current Personal Outcomes plan in place. All plans will be reviewed on a quarterly basis, in line with the Organisation's policy.</p>	

The Team Leader has booked all staff in to do a refresher course in Personal Outcome Measures with the training department on 23rd April 2024. This will ensure that all staff are competent and confident to support all Residents to achieve their goals.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

In accordance with Regulation 7(4) the Person in Charge, together with the team, will review the placement of a sensor on one of the external doors at the team meeting on the 16th April 2024. Following this review if the restriction is deemed appropriate it will be referred to the Human Rights Committee for review, in line with the Organisation's policy.

The Person in Charge has reviewed the recommendations from the Human Rights Committee for the identified restriction and sought further clarity. Once this has been received the Person in Charge along with the team will ensure the recommendations are implemented.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
In accordance with Regulation 9(2)(e) the Person in Charge has ensured that Advocacy meetings are now taking place every month in both houses within the designated centre. This provides opportunities for Residents to be consulted with and to participate in the organisation of the designated centre.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/06/2024
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	03/05/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	14/06/2024

	extinguishing fires.			
Regulation 29(4)(b)	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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	16/04/2024
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Substantially Compliant	Yellow	07/04/2024
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual	Substantially Compliant	Yellow	23/04/2024

	basis.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	02/04/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/05/2024
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	07/04/2024