



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cullen House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	14 December 2023
Centre ID:	OSV-0005046
Fieldwork ID:	MON-0033278

About the designated centre

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

This designated centre provides residential care and support for a maximum of three adults over the age of 18 years. The centre is a bungalow (inclusive of a one bedroom self-contained apartment) situated in a rural area in County Kildare and within driving distance to a number of towns and villages. It consists of three private bedrooms, two kitchen-dining areas, a utility room, sun room, sitting room and garden spaces surrounding the centre. The service is staffed day and night by a full time person in charge, deputy team leader and a team of social care staff. The residents of this designated centres have access to GP services, and other allied healthcare support as part of the service provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 14 December 2023	10:30hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This inspection was announced in advance in part to facilitate the residents of this house to provide their own commentary to the inspector, either directly or through a survey issued prior to the inspection. During this inspection, the inspector spoke with all three residents and members of their support staff team, observed routines and interactions in their home, and reviewed records related to their support structures, goals and wishes, and commentary on their experiences living in this designated centre.

The residents had been advised that an inspector was visiting, and all three residents were happy to speak at length with the inspector about their experiences and feedback on what it was like to live in this house. One resident had moved into this house in recent weeks and was in the process of unpacking their belongings and decorating their new home. This resident lived in a separate annexe of the house to their peers and was happy to have a quiet space which was just theirs, having previously lived in a busy shared environment. The resident was supported to do their own laundry, and the provider had installed new kitchen appliances to facilitate plans to do their own food preparation. The resident had access to a small yard with a swing seat and artificial grass, which the resident had requested the provider to have arranged and levelled out to practice their lawn bowls. The person in charge noted that they would be in contact with the facilities department to ensure the resident had access to the house's TV services.

The inspector spoke separately with the two residents who had been living in this house already, who had not yet met their new peer but had been informed of the change. The residents noted that since the time of the previous inspection in April 2023, there had been improvement in staff being available to them in the house, which in turn had improved their opportunities to get in the car and go somewhere without advance planning. Residents commented positively on the new management personnel and their established support team, noting that in the main they felt safe and had staff available to them for their everyday needs. However, residents commented that staff who did not know them as well could sometimes result in support inconsistency. For example, residents noted that some staff were less familiar with their needs and were unclear where to get the information, or would not be familiar with their supports and preferences around medicines or bed routines. Residents referenced some support objectives that had been required for a long time but were only progressing recently. Residents felt that sometimes staff members could be impatient with them, noting examples of staff who could come into work "with a bad attitude towards me". Residents commented that there was little point in making complaints as they did not want to upset their relationship with staff, and that complaints they had made had not resulted in changes or conclusions being told to them.

The residents told the inspector that the support structures, policies and living environment were not suitable for them. Residents told the inspector that they did

not like living in this designated centre and wanted to live with less staff support and presence, with fewer restrictions, or closer to family. Residents noted to the inspector and in their written surveys that they did not get along with their housemate. Residents commented that they did not not feel like they could make their own choices and decisions, that "I don't feel that my opinion is listened to", that the centre is not a nice place to live and "is not a home". Residents were familiar with how to access external advocacy services and how to raise concerns with them, and this was evident in the provider's records of engagement.

Residents commented that they did not feel unsafe in this house, and liked having control of their own money. Residents commented that they did not know why some of the restrictions affecting them were in place, or why some restrictions were still in place after a period of no risk incidents with them. Other residents commented that they were happy at "being trusted" with the ability to open locked doors in their home.

Residents also told the inspector what they enjoyed doing at home and in the community. One resident loved music and singing, and was a member of a choir which had recently put on a Christmas show in a nearby hotel. Another resident enjoyed playing sport and taking outdoor walks in interesting areas. One resident was looking forward to getting an identification card and a payment card to use when shopping or buying things online. The provider discussed plans to get one resident involved in a computer course in the new year.

After speaking with the inspector, all three residents left the centre with their respective staff support teams. Each resident had access to their own vehicle which facilitated community access without interfering with each other's routines. Residents went for a walk, out to lunch, visited family, went bowling, did some shopping, and got coffee or a burger.

The inspector was provided with commentary from staff, management, complaints, minutes of meetings and other resident feedback which in the main reflected examples of what the residents had told the inspector. However, these experiences, wishes, commentary and feedback were not reflected in overall quality of service reports for the designated centre, which commented that residents were happy living in the house, with their staff support, activities, seeing their family on a daily basis, and engagement with their weekly planner.

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

Capacity and capability

This inspection was carried out to assess the provider's regulatory compliance as

part of their application to renew the registration of this designated centre. The inspection was announced in advance to facilitate management and the residents to participate, and to advise the residents that someone would be visiting their house.

The inspector observed evidence to indicate that this designated centre was appropriately resourced per its assessed staffing complement, had suitable arrangements to cover vacancies, and had suitably experienced personnel in centre management. Since the previous inspection, there was evidence to indicate improvement in shifts being filled each day.

The provider had completed an unannounced quality and safety audit in November 2023 which identified a number of areas in which improvement or development was required to bring the service into compliance with regulatory requirements and provider policies. Among the deficits noted in the provider's audit was that the annual review composed for 2023 lacked detail and was not reflective of information gathered from resident engagement and experiences in the preceding year. In addition, there was inconsistent records of final outcomes following investigations into complaints being communicated back to the residents and their concerns on some issues raised remained.

The inspector found areas in need of improvement in the management and governance of the centre operation. This included documentary evidence used to inform provider oversight which was not complete or which contained inaccurate information. Further documentary information was submitted by the provider following this inspection to indicate where action had been taken to ensure future records were complete, accurate and inclusive of the views collected from residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the designated centre within the required time frame and with all associated documentation.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably experienced and qualified person in charge, working full-time in the centre with sufficient protected hours to carry out management duties.

Judgment: Compliant

Regulation 15: Staffing

The provider had revised the hours and shift patterns of the staff team following changes in residents living in the centre. The inspector reviewed a sample of recent staffing rosters and identified significant improvement since the previous inspection in shifts being filled according to assessed staffing requirements. The impact on support continuity was mitigated when front-line shifts were required to be filled by the management or relief personnel, until the full-time vacancies were recruited.

Judgment: Compliant

Regulation 21: Records

Records required for inspection were available for review in the designated centre, however some records were not complete or contained inaccurate information, as described in other sections of this report.

Judgment: Substantially compliant

Regulation 23: Governance and management

In the main, the designated centre was appropriately resourced to ensure there was sufficient front-line staff, vehicles, equipment and management deputation in place. Front-line staff and residents commented positively on the availability of management in the centre, and the full-time person in charge and their deputy were primarily based on-site.

The provider had conducted an unannounced six-monthly inspection of the designated centre, most recently in November 2023. This inspection report contained detailed findings of compliance with requirements of the regulations and the provider's own policies. The provider had found themselves compliant in two regulations, substantially compliant requiring some improvement with ten regulations, and not compliant in six aspects of the service, with clear rationale for their findings and specific actions required to rectify the matter. A number of the findings on this inspection had also been identified internally through this quality and safety audit.

While quality of service reports included conversations had during the audit visits, there was limited reflection on the experiences and comments residents were raising in their surveys, key working sessions, complaints, and general interactions with the provider and staff. The quality report did not highlight as a concern that two

residents did not feel appropriately supported in this environment or with their support structure, did not see the service as their home and did not want to live in the centre, or were not satisfied with the shared living arrangement. Some of the day-to-day oversight structures were found to not be effective in identifying service deficits. For example, rooms which were not clean were recorded as being cleaned on the three days preceding this inspection.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The most recent admission in 2023 took place under emergency circumstances, and as such did not facilitate the resident to visit the centre prior to admission. However, the potential impact of the admission on the existing residents had been assessed and determined by the provider to be appropriate. The resident and service provider signed a written agreement of the terms and conditions of living in this house.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had composed a statement of purpose of the designated centre which contained information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider was ensuring that verbal and written complaints were being recorded and acknowledged with the complainant. However, records of some complaints made by service users were inconsistent in how the provider was assured of whether or not the resident was satisfied with the final outcome or actions taken after investigation was complete.

Some complaints included an element of safeguarding concern, and this had been referred to that process where required. However, a number of complaints were then closed off at this stage, and had not been resumed after the safeguarding element was investigated. Therefore some of the records indicating resident satisfaction with the actions taken, were in reference to the resident being satisfied that their complaint was acknowledged or escalated for further review, rather than

being satisfied with the conclusion of the matter. In one example, the inspector observed correspondence indicating that the resident would not receive any written response to their complaint as it was not considered an "official complaint".

The inspector spoke with all three residents during this inspection on what they would do if they were not satisfied with any aspect of living in this house. Resident commentary indicated that some things they had complained about had not changed. Comments made also indicated that residents did not feel like they could make a complaint or that it would make any difference to do so. Comments also included feeling that making a complaint about staff would have an adverse effect on them or their relationships in the centre.

Judgment: Substantially compliant

Quality and safety

Evidence observed on this inspection indicated that residents were being supported in everyday activities such as accessing the community, having their meals and deciding what to do that day. However, the provider was not observed to be adequately responding to a trend of matters related to residents dissatisfaction with the service and their living arrangements.

A new resident had moved into the service in recent weeks and they were supported to settle in, decorate their living space as they wished, and tell management what changes they wanted to their apartment and garden to make the space their own.

Residents were protected from potential abuse through timely reporting of suspected or alleged incidents of concern. Residents commented that they felt safe from being abused or harmed in the centre. In a sample of evidence reviewed, residents were being supported to attend required healthcare appointments.

The designated centre featured a number of environmental and access restrictions. The provider provided evidence during and after this inspection to indicate that measures were assessed as the least restrictive option for the related risk, and examples of phased plans to reduce or remove some restraints where the associated risk was assessed as sufficiently low.

There were gaps observed in the specific and measurable guidance to staff, and the staff's own knowledge on how residents' personal, social and life enhancement goals would be achieved, and limited commentary recorded when these objectives were unsuccessful. This had been identified in the provider's own recent audit of personal planning.

The inspector walked the premises of the centre and while the house was suitable in its design and maintenance, deficits in cleanliness and fire safety were observed which had not been identified by the provider's routine checks. However, the

inspector was assured that a timely exit could take place in the event of an evacuation, as the provider had carried out a practice drill following the latest resident changes which raised no concerns.

Regulation 12: Personal possessions

Residents were supported and facilitated to have control over their personal money, and were supported to personalise their living spaces and bedrooms in accordance with their preferences. Residents were supported to manage their own laundry.

Some access to personal belongings was restricted due to identified risks. This is referenced as part of restrictive practices later in this report.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector observed evidence to indicate that there had been an improvement in the staffing continuity and availability which had led to more frequent and spontaneous activities outside of the house compared to observations on the previous inspection. Residents and centre management described agreed plans on how they would work together to achieve personal goals such as independence in daily living.

Social, recreational, educational and personal development objectives were set out between the resident and their key worker. This included improving literacy, exercising, attending educational and life skills courses and pursuing new social opportunities. However, many of the goals in the sample reviewed had not progressed as planned and there was limited information on what work had been done, or how these would be supported by the team to progress in a specific, realistic and measurable manner. Some staff spoken with on inspection could not tell the inspector what personal objectives the resident had been working on currently or recently.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector observed improvements required in the cleaning of some areas of the house and the oversight of same. The inspector observed cobwebs, dead insects, and minor mildew on ceilings and high corners in bedroom and bathroom spaces. In

one bedroom and en-suite in particular, there was a build-up of heavy dust and hair along shelves, floors and corners, and a large amount of dead flies, spiders and moths built up along windowsills. The inspector reviewed the cleaning records for the three days leading up to this inspection and found that staff had recorded having cleaned the rooms, with specific mention of cleaning furniture, floors and windowsill surfaces on two or all three days before this inspection. This did not provide assurance that cleaning records were accurate or were being verified in oversight procedures.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector observed a number of fire containment doors which did not close properly to effectively protect the evacuation route from the spread of fire or smoke. This included the doors to the kitchen area and residents' bedrooms. This deficit had not been identified in the provider's routine checks and audits.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Resident prescription sheets clearly outlined the times, doses and reasons for administering regular and as-required medicines. The administration sheets available for review indicated that staff were administering medicines in line with how they were prescribed for each person. Medicines were in stock and appropriately stored.

Judgment: Compliant

Regulation 6: Health care

The provider provided evidence of where residents had availed of the national screening service where eligible, and were referred to healthcare services in response to potential or actual healthcare risk.

Judgment: Compliant

Regulation 7: Positive behavioural support

The designated centre had a large number of environmental and right-based restrictions in place which had been implemented due to the assessed needs of the residents. Examples included cable restrictors on windows, restricted access to household items, finances and personal belongings, front and back doors locked on both sides, locked doors to the office or gardens, controlled access to communication devices and the internet, bedroom searches, and residents required to use plastic cups, bowls, plates and cutlery.

Restrictive practices were reviewed quarterly between the person in charge and the behavioural support specialist, to analyse incidents and active risks in that review period with the view of phasing out restrictions or replacing them with less restrictive alternative measures. Some restrictions had reduction plans in place, for example residents who could now sit in the front seat of the car if they wanted, or residents who were given the code to door locks, when the respective associated risks was found low enough to trial phasing measures out.

Judgment: Compliant

Regulation 8: Protection

The provider had initiated investigations in response to alleged, witnessed, or suspected abuse of residents, and submitted findings of their investigations to the Health Service Executive safeguarding and protection team as required. Where necessary, the provider had developed plans in relation to ongoing risks related to the safeguarding of people at risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that residents were supported to exercise their rights to make choices in their everyday activities such as meals and outings, and residents indicated that the improvements in staff continuity had improved their access to the local community.

However, evidence observed by the inspector indicated that residents did not feel that they were provided sufficient opportunity to participate in the overall running of the centre or have their views acted upon or considered in decisions about their support structure. Evidence observed during this inspection indicated gaps in consultation, involvement and engagement with the residents in matters such as complaints, restrictive practices and assisted decisions on their care and support. Some discussion with residents about decisions made on their support was done

after the decision was made. There was limited evidence that the impact of restrictive practices on residents' rights was formally assessed or considered in their practice. The staff tasked with ensuring that one resident lived in a clean living environment had not done so but reported to management that they had.

There was a significant discrepancy between the experiences and commentary of the residents being raised throughout 2023 in key working sessions, complaints, commentary, surveys, and general interactions with staff and management, and the experiences described in the provider's own quality of service reports. The narrative in the latter did not reflect what residents had to say to the provider regarding their desire to live elsewhere, their dissatisfaction with their support structure, their relationships with staff and peers, and their comments that they did not feel listened to, feel respected, or see the designated centre as their home or a nice place to live.

Judgment: Not 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cullen House OSV-0005046

Inspection ID: MON-0033278

Date of inspection: 14/12/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>1. The Person in Charge in conjunction with the Centre Administrator will review the Centre's hygiene records to ensure these are accurately reflective of practice within the Centre.</p> <p>Due Date: 01 February 2024</p>	
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>1. Feedback from the QA's Six-Monthly Unannounced Inspection Report on the Centre's Annual Review Report will be taken into consideration by the Person in Charge, as a quality improvement and amendments made to the 2023 Centre Annual Review Report based on this feedback.</p> <p>Due Date: 01 February 2024</p> <p>2. The Person in Charge will review the Centre Annual Review Report for 2024 which is scheduled for July 2024, to ensure the standard of the report meets the criteria set out in the relevant national standards as well as reflective of the findings identified in QA's six-monthly inspection audit. Which will include evidence of consultation with Individuals and their representatives.</p> <p>Due Date: 31 July 2024</p>	

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Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

1. The Person in Charge will ensure individuals are being informed promptly through key-working sessions, where required, of the outcome of his or her complaint and details of the appeals process in line with Nua’s Policy and Procedure on Complaints, Compliments and Comments.

Completed: 22 December 2023

2. The Person in Charge will ensure that any measures required for improvement in response to a complaint are put in place.

Completed: 22 December 2023

3. The Person in Charge will ensure a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether the Individual was satisfied or not.

Completed: 22 December 2023

4. The Person in Charge will ensure that any Individual who has made a complaint is not adversely affected by the reason of the complaint and continued support and education on the complaint process is completed through key-working sessions and access of independent advocacy service where required.

Completed: 22 December 2023

Note: A review of the complaints received to date in the designated Centre was completed by the Person in Charge and addressed immediately and will be maintained by the Person in Charge and Centre Management moving forward.

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

1. The Person in Charge will continue to support individuals and offer opportunities to

participate in activities in accordance with their interests, capacities, and developmental needs with evidence of same via their Personal Plan and Monthly Outcomes. In addition, the Person in Charge will ensure these goals and outcomes are communicated effectively and consistently to Team Members supporting Individuals.

Due Date: 29 February 2024

2. Each individual Personal Plan reflects their goals and aspirations, inclusive of community involvement. The Person in Charge will ensure these goals are Specific, Measurable, Achievable, Relevant and Time-bound (SMART).

Due Date: 29 February 2024

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. The Person in Charge will continue to support and offer Individuals to engage in appropriate activities of daily living. Where Individuals refuse to consent, this will be documented in the Individuals Daily Reports and Personal Plan, where required and the Person in Charge shall ensure Team Members support the individuals with cleaning their individualised bedrooms as and where required.

Due Date: 29 February 2024

2. The Person in Charge will conduct ongoing daily environmental checks to ensure records accurately reflect practices within the Centre.

Due Date: 29 February 2024

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. By means of daily environmental checks, the Person in Charge and Centre Management team will continue to ensure all fire safety doors are closing effectively.

Completed: 22 December 2023

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>1. The Person in Charge shall conduct a review of the restrictions implemented and where impactful on individuals' rights, is risk assessed and a Restriction Reduction Plan implemented where appropriate.</p> <p>Due Date: 05 February 2024</p> <p>2. Individuals will continue to be consulted with and involved in the decision-making process regarding their care and support were deemed to have capacity to make decisions. Evidence of this will be documented by the Person in Charge, specific to individuals' rights.</p> <p>Due Date: 05 February 2024</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	29/02/2024
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	29/02/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	29/02/2024

Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/02/2024
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/07/2024
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	14/12/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/12/2023
Regulation 34(2)(f)	The registered provider shall	Substantially Compliant	Yellow	22/12/2023

	ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 34(4)	The registered provider shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.	Substantially Compliant	Yellow	22/12/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	05/02/2024
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	Substantially Compliant	Yellow	05/02/2024

	participates in the organisation of the designated centre.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	05/02/2024