



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

Issued by the Chief Inspector

Name of designated centre:	Liffey 5
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 22
Type of inspection:	Unannounced
Date of inspection:	11 November 2024
Centre ID:	OSV-0005645
Fieldwork ID:	MON-0045371

About the designated centre

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

Liffey 5 is a residential designated centre made up of two houses in two different locations in a busy suburban town in Co. Dublin. One house is a five bedroom house with an adjoining apartment located in a close knit community. There is one sitting room, a kitchen/dining area, two showering and bathroom areas and each resident has their own bedroom. The adjoining apartment has one bedroom, a bathroom and a kitchen/dining area. There is a front and back garden both of which are accessible by the house and the apartment. The second house, is a four bedroom two storey house. This house also has a sitting room, a communal sitting room/kitchen/dining area, two bathrooms and a staff office. There is a garden area at the back of the house for the residents and their families. The staffing team consists of social care workers and care assistants. Residents also have access to multi-disciplinary services including occupational therapy, physiotherapy and speech and language therapy. One social care leader oversees the two houses and supports the person in charge in their role.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Monday 11 November 2024	12:00hrs to 18:00hrs	Jennifer Deasy	Lead
Monday 11 November 2024	12:00hrs to 18:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre. The inspection focused on how residents were being safeguarded in the centre. Safeguarding is one of the most important responsibilities for a provider. This inspection explored compliance with ten regulations which are connected to the theme of safeguarding.

Two inspectors visited the designated centre and used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of care and support provided to residents in the centre. They found that residents overall were receiving good care and support and that residents were supported in a person-centred manner which was upholding their human rights.

The designated centre is comprised of two houses located in neighbouring suburbs of Dublin. The houses were home to ten residents in total, with six residents living in one house and four in the other. One inspector visited each house on the day of inspection and spent the day there speaking with residents, staff and reviewing documentation.

The larger house was comprised of a five bedroom house with an adjoining apartment. The apartment had one bedroom, a bathroom and a combined kitchen and living room. The inspector spoke to two staff members in this house and found that they were very well informed of the management arrangements and their roles and responsibilities. In particular, staff were informed of their responsibilities in respect of safeguarding. They demonstrated a clear understanding of the provider's policies and procedures for responding to and reporting incidents of abuse. Staff gave the inspector examples of safeguarding incidents that had occurred in the centre and described the safeguarding plans which were implemented to protect residents from abuse.

Staff members told the inspector of how they ensured that residents' rights were respected by offering choice and enabling residents to have autonomy and control in respect of their daily lives. They told the inspector of how residents' meetings were held to ensure that residents had opportunities to inform the running of the house and to provide residents with information regarding their rights and important policies and procedures such as the complaints' procedure.

Staff members told the inspector that they had received training in communication and showed the inspector how they used Lámh signs and visual pictures to support residents with assessed communication needs to make choices and to be informed of important information.

The inspector also met residents in this house throughout the course of the day. Many of the residents were at their day service when the inspector arrived. One

resident had stayed at home as was their choice. The inspector met this resident when they were having their breakfast. They told the inspector that they had lived there for a good while and that they knew the staff and the team leader well. They told the inspector that they knew how to make a complaint and that they would talk to the social care leader if they had any problems.

Another resident told the inspector that the staff team were "amazing" and that they made the residents feel safe. This resident told the inspector about how their rights to choice, to education and to freedom in their daily life were upheld. For example, they told the inspector of college courses that they had completed and of how they had freedom to access their community and preferred activities independently and at times of their choosing.

The inspector observed and heard other residents talking about holiday plans, their day services and their weekend plans demonstrating they had busy and active lives. Staff were seen to encourage residents to be independent and to have choice and autonomy during the day. For example, some residents were observed making their lunches for day service the next day. One resident preferred hot meals in day service and staff were seen offering them choices of microwavable meals to bring to day service.

In the second house, the inspector was also greeted by a staff member on arrival, who informed the social care leader who was already present in the house. The social care leader accompanied the inspector on an observational walk around of the premises; they were knowledgeable and familiar with the assessed needs of residents. The property was a four-bedroom two storey house. It has a combined sitting room, kitchen and dining area, a smaller separate sitting room, two bathrooms and a staff office. It was well maintained and nicely decorated. The inspector observed it to be a clean and tidy, warm and comfortable environment. To the rear of the property there was a garden area that could be easily accessed by residents and staff. Both staff on duty and the social care leader told the inspector about plans to further enhance the garden over the next year. This was a priority for one resident in particular who enjoys using the garden all year round.

The inspector spoke with two staff on duty on the day of inspection. They both spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities, and demonstrated a commitment to ensuring a safe service for them. The inspector found that staff were familiar with the residents' different personalities and were mindful of each resident's uniqueness and abilities.

Three of the residents returned from their respective activities in the afternoon. The inspector met with all three of them and chatted to them about their home. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the residents. Two of the residents were enjoying a cup of tea while waiting for dinner and another went for a walk before returning to the house and opting to play football in the garden with staff. They brought the inspector to see the garden, who

joined in a kick about.

Staff were observed to interact warmly with residents. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

Overall, this inspection found that residents were being supported in a safe and good quality service which was upholding their rights and ensuring that they were living in an environment which was free from abuse.

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

Capacity and capability

This section of the report described the governance and management arrangements and how effective these were in ensuring a good quality and safe service. This inspection found that the provider had implemented management systems which were effective in providing oversight of risks in the service and in ensuring that residents were safeguarded and were in receipt of a good quality and person-centred service.

The provider had in place a clearly defined management structure which identified lines of authority and accountability. The staff team reported to the social care leader. The social care leader reported to the person in charge who in turn reported to a programme manager. Staff spoken with were informed of the management arrangements and of how to escalate issues or concerns to the provider level.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre. The inspectors reviewed these audits and saw that they were comprehensive and identified any actions required to address risks arising in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. The inspectors saw that staffing levels were maintained at levels appropriate to meet the needs of, and to safeguard the residents. The provider had also implemented measures to minimise the impact of any vacancies on the continuity of care for residents. For example, clear inductions procedures were implemented for new or relief staff and the person in charge had booked regular relief staff where possible to fill any gaps in the roster.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. In

particular, as relevant to this inspection, all staff were up-to-date in training in safeguarding vulnerable adults and were knowledgeable about their specific safeguarding roles and responsibilities.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs.

Planned and actual rosters were maintained for both of the houses that comprised the designated centre.

In the larger of the two houses, there were three whole time equivalent vacancies at the time of inspection. This was resulting in a number of gaps in the roster. However, the person in charge had implemented systems to ensure that regular relief staff were booked where possible. For example, three relief staff were assigned to complete the majority of vacant shifts on the November roster. Additionally, the person in charge had implemented an induction folder and shift guidelines for all relief and new staff. This was effective in ensuring continuity of care for the residents when relief staff were required due to the vacant posts.

In the smaller house, inspectors saw that there were no vacancies and the roster review for September, October and November 2024 reflected the presence of a consistent staff team. An induction folder was in place in the smaller house too and contained guidance on residents needs, likes and dislikes alongside general house information, medication management and guidance around residents welfare and protection for all staff to familiarise themselves with.

Furthermore, inspectors in both of the houses observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport with residents and a thorough understanding of the residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training and education to ensure that they had the required knowledge and skills to best meet residents' assessed needs.

There was a system in place to evaluate staff training needs and to ensure that

adequate training levels were maintained. Inspectors viewed the staff training matrix and found that staff had received training in key areas of service provision such as safeguarding, positive behaviour support and communication. Furthermore, unit specific safeguarding training and Lámh communication training had been scheduled for the coming months.

Following a review of the staff meetings in September and October, it was seen that safeguarding scenarios were presented to the staff team and that the staff team were encouraged to discuss responses and to determine if these were in line with the provider's safeguarding procedure. This was effective in ensuring that staff members could identify safeguarding situations and respond to these in an effective manner in order to safeguard residents from abuse.

The social care leader provided effective support and formal supervision to staff. Informal support was provided on an ongoing basis and formal supervision was carried out in line with the provider's policy. Staff members spoken with told the inspectors that they felt well-supported in their roles and that they could raise queries or concerns to the management team. Staff members expressed that the management team were responsive to any queries or issues raised.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

There were clearly defined management systems in place in the centre. The social care leader had oversight of both of the houses that comprised the designated centre. The staff team reported to a social care leader who in turn reported to the person in charge.

Staff were informed of the management arrangements and contacted senior managers on the day of inspection. There was a safeguarding incident on the day of inspection which will be discussed further under Regulation 8, however the inspector saw that the staff on duty implemented the provider's safeguarding procedure by informing management and the designated officer of the incident.

Audits carried out included a six monthly unannounced audit, risk management, medication management, safeguarding and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review. One family member commented that they were 'extremely happy with the service.'

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

The inspectors reviewed residents' files and saw that these contained individual assessments and care plans. Some enhancements were required to ensure that all health assessments were updated every 12 months as required by the regulations, and to ensure that care plans reflected residents' preferences and were wholly implemented. This is discussed further under regulation 5.

Residents' files contained care plans in respect of their communication needs, positive behaviour support needs and personal care needs. These care plans reflected the residents' rights to dignity, privacy and autonomy and guided staff on providing care in a safe and rights-informed manner.

Inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Residents who required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. The provider had in place a restrictive practices committee which reviewed restrictions regularly to ensure that they were the least restrictive and were implemented for the shortest duration required.

The provider had implemented measures to identify and assess risks throughout the centre. All resident risk assessments were individualised based on their needs. There was a risk management policy also in place. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

Inspectors observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and

support. Residents told the inspectors that they felt safe and that their rights were upheld. Residents described how their rights to education, freedom and choice were supported by the staff team.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Overall, the inspection found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service, delivered by a team of suitably-qualified staff.

Regulation 10: Communication

Some of the residents in this centre presented with assessed communication needs. The inspectors reviewed residents' files and saw that there were communication care plans in place to guide staff in meeting these needs. Staff were informed of residents' communication care plans and had received specific communication training in order to support and uphold residents' right to communicate.

Two residents' communication support plans were reviewed and included accompanying communication support strategies such as the use of word repetition, emphasis of key words, pictorial communication aids, gestures and objects of reference. The inspectors saw that staff had implemented these strategies, for example visual staff roster boards and activities timetables were available in the centre. Staff showed the inspectors the visual support that were used at staff meetings and demonstrated some of the Lámh signs they were using. This was effective in ensuring that residents' communication rights were upheld and that they could direct their everyday lives.

Inspectors saw that communication of all forms was respected and responded to. Inspectors saw kind and caring interactions between residents and staff, and staff were able to use their knowledge of residents and their routines to elicit responses.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be in a good state of repair, clean and well suited to meet the residents' assessed needs.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations. For example, there were sufficient storage for residents' belongings and residents had access to cooking and laundry facilities.

Each resident had their own individual bedroom and one resident had their own apartment with their own living room, kitchen and bathroom. Residents' bedrooms were seen to be nicely decorated in line with their personal tastes. Communal areas of the designated centre, such as living rooms, kitchens and bathrooms were clean and well-maintained. Residents had access to laundry facilities to launder their clothes. The centre was also warm, comfortable and homely. Inspectors found that residents were living in a comfortable and safe premises which was designed and laid out in a manner suitable to meet their assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented.

The provider had an effective risk management policy which met the requirements of the regulations and was up-to-date.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks. Risk assessments were individualised and included the risk of harm, including emotional and psychosocial harm and the risk of a less satisfactory experience.

Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed two of the residents' files in detail on the day of inspection. The inspectors saw that each of these files contained a comprehensive individual health assessment which detailed residents' health and social care support needs. One of these health assessments had been reviewed and updated within the last 12 months, as required by the regulations. However, the other health assessment was out of date, having not been reviewed in over 12 months.

The individual assessments were used to inform care plans in respect of health care

needs. However, on review of both of the residents' care plans, the inspectors found that some improvements were required to ensure that care plans clearly reflected residents' preferences in respect of their care and support and to ensure that they could be implemented effectively by the staff team.

For example, one resident, who presented with assessed needs in the areas of blood pressure, weight management and cholesterol had care plans in place which detailed that regular blood pressure and weight checks should be completed by staff. However, records of these checks showed that they were not completed as frequently as defined by the associated care plan. A staff member told the inspector that the resident did not like these checks and often would not consent to them and became distressed when they were implemented. The residents' preferences and right to refuse these health checks were not detailed in care plans and the result of this was that the care plans were not fully implemented, and when they were implemented there was the potential for this to cause some distress to the resident.

Another resident had a communication care plan which detailed that they required a visual staff roster and a visual routine for the day. While these supports were in place in the centre, they had not been updated with the current staff on duty or the activities taking place on the day, demonstrating that the care plans were not wholly implemented.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff in this centre had received training in positive behaviour support and were knowledgeable regarding residents' behaviour support care plans. This was effective in ensuring that staff could respond to incidents of behaviour of concern in a manner which was effective in protecting residents and ensuring that their rights were upheld.

Residents who required positive behaviour support plans had these in place. The inspectors reviewed four of these behaviour support plans and saw that they were written in a person-centred manner. Residents had been engaged with in respect of the plans and had consented to them. This ensured that residents were informed of their behaviour support plans and of any strategies that were prescribed for staff to assist with managing behaviour which may impact on them and their rights.

The behaviour support plans had also considered the impact of any behaviours of concern or distress on other residents. This was effective in ensuring that residents were safeguarded from abuse.

A record of restrictive practices in the centre was maintained. The restrictive practices were reviewed on a regular basis by the provider's restrictive practices committee to ensure that they continued to be required, and where required, that consideration was given to ensuring that they were the least restrictive and

therefore least impact on residents' rights.

Judgment: Compliant

Regulation 8: Protection

The inspectors spoke to staff members in both of the houses and asked them about their safeguarding roles and responsibilities. Staff had received training in safeguarding vulnerable adults and were informed of the provider's procedure in respect of responding to and reporting incidents of abuse. Their knowledge was further consolidated through safeguarding scenarios which were discussed at staff meetings. The inspectors found that staff spoken with were well-informed regarding safeguarding and were knowledgeable about the potential for abuse and how to respond to and report abuse to ensure residents were protected.

On the day of inspection, a resident reported to a staff member that there had been an incident of abuse that day which had impacted on them. The inspector saw that staff implemented the provider's safeguarding procedure. They listened to the resident, ensured their safety, commenced writing an incident report and contacted the provider's designated officer. This demonstrated that staff were able to implement the provider's procedures effectively to ensure the safety of residents when incidents of abuse occurred. The inspector saw that the resident appeared confident in disclosing the incident to staff and appeared relaxed and comfortable after the disclosure.

Two staff members told the inspector of how the staff team and person in charge had taken measures to ensure that residents were protected from abuse as part of the admissions process. They told the inspector about some conflict which had arisen on the admission of a resident previously. The staff team spoke of taking measures to respond to residents' concerns and showed the inspector what had been implemented to reduce peer to peer incidents of abuse.

The inspectors saw that incidents of peer to peer abuse were reported to the national safeguarding office and that interim safeguarding plans were implemented where there were incidents of abuse suspected or confirmed.

Residents' files contained up-to-date intimate care plans which detailed measures that staff should take to ensure that residents' dignity, privacy and autonomy were upheld when in receipt of personal care.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self-development. Staff had received training in human rights and told the inspectors of how they ensured that residents' rights were upheld. For example, staff showed the inspectors how they facilitated residents' meetings using visual communication supports to ensure that all residents could communicate their preferences in respect of meals and activities.

Residents had choice and control in their daily lives, deciding their weekly plan and being supported by sufficient number of staff who could facilitate their individual choices. Each resident had access to facilities for occupation and recreation with opportunities to participate in their local community in accordance with their wishes. Some residents spoke in detail to inspectors about their lives and of how their rights were being supported and upheld by staff in the centre.

Residents attended weekly residents' meetings. These meetings supported residents to exercise choice and control in relation to the running of the centre. Additionally, staff supported residents to self-advocate and, where required, advocated on behalf of residents to ensure that they were facilitated in exercising their rights.

Residents enjoyed an array of activities based on their choices, likes and dislikes including going for walks in the park, watching movies in the cinema, attending wrestling matches, going for dinner and events such as the wild lights in Dublin Zoo.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Liffey 5 OSV-0005645

Inspection ID: MON-0045371

Date of inspection: 11/11/2024

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Resident fully consulted and consent given for all completed documentation in their Personal plan. • Personal plan fully reviewed and updated by resident, key worker and Social Care Leader on 12 11 24. • All relevant disciplines involved in the completing of resident’s personal plan including Physiotherapist, Occupational therapist, Day service keyworker and GP. • Residents Will and Preference has been documented and evidenced clearly in their Personal plan. • Residents plan reflects the residents ongoing support needs relating to their safety, personal health and well-being, will and preference, their rights, community engagement and risk management. 	

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 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 basis.	Substantially Compliant	Yellow	12/11/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal	Substantially Compliant	Yellow	12/11/2024

	development in accordance with his or her wishes.			
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