

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

## Issued by the Chief Inspector

Name of designated centre:	Le Cheile
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	10 July 2024
Centre ID:	OSV-0005805
Fieldwork ID:	MON-0035663

## About the designated centre

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

The designated centre Le Cheile is a four bedroom dormer-bungalow situated on the outskirts of a village in Co.Wexford close to the seaside. Le Cheile provides residential care services to three residents. Services are provided 24 hours a day, seven days a week and 52 weeks of the year. The centre is staffed by social and health care workers at all times. The centre is managed by a person in charge. The team of workers support the residents to achieve goals set out in their personal plan. The centre provided specialised behaviour support under the guidance of a behaviour specialist. The house comprises of four bedrooms: two bedrooms which are double en-suite and two double bedrooms which have access to an adjacent bathroom. There is a large ground floor kitchen and dining area which opens out to a conservatory with two spacious sitting rooms adjacent. There are laundry facilities available. There is also a staff office and an education room for the residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 10 July 2024	09:45hrs to 16:30hrs	Tanya Brady	Lead
Wednesday 10 July 2024	09:45hrs to 16:30hrs	Conor Brady	Support

## What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the designated centre. In addition the inspection was completed to monitor compliance against Regulations and standards and was carried out by two inspectors over one day.

Overall findings of this inspection were that the care and support provided to the young person and the children living in this centre was good. However, inspectors also found that some improvements were required in the maintenance and safety of the premises, the management and oversight of personal possessions and in the management of risk. These findings are outlined under specific Regulations below.

The centre is registered for a maximum of three children/young people and is currently at full capacity, with both young children and a young person living here. The two children were attending July educational provision and the young person was having a lie in when the inspectors first arrived in the morning.

Later in the day inspectors had the opportunity to meet all three individuals who lived in the house and spend time with them. Over the day the inspectors also reviewed documentation, reviewed the premises and spoke with members of the staff and management team.

Information had been submitted as required by the Regulations, by the provider to the Chief Inspector of Social Services via the notifications process over time. These were also reviewed in the context of reviews of incidents or allegations. Inspectors reviewed how these had been managed by the provider utilising their own policies, procedures and governance systems.

The inspectors met with one young person when they woke and came to the centre office to introduce themselves to the inspectors. They spoke of living in the centre and explained that they were happy there and felt well supported. The young person was aware that inspectors would be in their home and understood the reasons why, they stated they had no questions for inspectors and were happy with the idea of an inspection. They spoke of living with younger children and how they managed the noise and activity levels. They explained that they did not mind the age gaps between them and their two peers who were much younger and that they liked to play with them at times. They also reported however, that they preferred having time on their own and used their own sitting room and bedroom for quiet time. The young person had made plans for their day and spoke of how they could determine what they would like to do and how staff supported them with plans. The young person offered the inspectors a cup of coffee and showed them that they had their favourite biscuits in a particular location in the kitchen. They spoke of enjoying baking on occasion and showed an inspector the location of the ingredients they used. The young person spoke of how they loved animals and had pet birds as well as a local cat that was present in the garden. Later in the day the young person left

to participate in the activity and outing they had chosen supported by staff. This young person informed inspectors they had been in other placements prior to living in this centre and stated 'this was the best place that I have lived'.

After their morning in school had finished the two young children who also live in the centre returned home. The staff team had snacks available and the children's specific choice making systems were observed to be used. Both of the children sat at the table at different times to have a snack and to play in the garden or relax on their return. Staff who supported the children were familiar with their particular needs and told inspectors how they supported them at mealtimes and how they used the outdoor spaces for sensory and active play. The children were observed to move freely within their home supported by staff moving between indoors and outdoors. The inspectors observed staff responding to non-verbal communication cues and to be familiar with the complex communication systems used by the children. The children acknowledged the inspectors' presence with brief glances and the use of directed eye-gaze towards the inspectors when they were spoken with or when inspectors commented on their actions in play or sat near them. The children were observed to be very tactile and friendly and sought out staff for support regularly.

As this was an announced inspection questionnaires were sent to the centre in advance to obtain a full picture of what living in the centre was like. These had been completed by the children and young person either independently or with the support of representatives and were also based on observations and discussions with the staff team. The questionnaires outlined that this was a happy home with comments such as 'I really like my room'. In one questionnaire there was a statement regarding a wish to have increased involvement in decisions made within the house.

The quality of care and support provided to the children and young person was observed to be good. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

This inspection was facilitated by the centre person in charge and supported by the centre team leader. A senior manager who held the role of person participating in management of the centre was also available in the centre.

The inspectors found, that overall care was provided to a high standard with the provider having clear systems in place to identify where improvement or change may be required and implementing works to bring improvement.

The person in charge and team leader who facilitated the inspection were found to

have an in-depth knowledge of the individual care needs of the young people and children, including where external appointed agencies (TUSLA/HSE) were involved in the oversight and review of their care.

### Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the children and young people. The staff team was found to be fully resourced with no current vacancies. The provider additionally worked to ensure continuity of care and support for the children and young people through their use of a small number of regular relief staff who completed additional shifts to cover planned and unplanned leave.

There had been a number of changes to the staff team in recent months and this was evident in reviews of the roster with new staff who had recently started engaging in the provider's induction and probationary processes.

Staff who met with the inspectors had a good understanding of the needs of the children and young people and also of the procedures which promoted their safety, welfare and well being. Staff spoke of how they used time when the young people and children were not in school or were engaged in other activities for administration or other tasks that gave them freedom to focus on the young people at other times.

There were planned and actual rosters in place and they were reviewed by the inspectors and found to be well maintained. There was an on-call roster in place that was covered by members of the providers management team including person in charge and this was available to all staff.

Staff observed and spoken with presented as caring, respectful and kind to the children and young person in their care.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff team access to and uptake of training and refresher training was found to be consistently high. They were completing training identified as mandatory by the provider, and a number of trainings in line with the assessed needs of the young people and children. For example, First Aid, Children's First, Fire Safety, Safe Administration of Medicines, Hand Hygiene and Safeguarding/Child Protection & Welfare Training. The provider had developed a system that allowed them to accurately track staff training requirements and this was being implemented through

all centres operated by them. Staff who had recently joined the provider were completing induction and training in line with mandatory and centre requirements.

There were systems in place to ensure that staff were in receipt of regular formal supervision, to ensure that they were supported and aware of their roles and responsibilities. The inspectors reviewed a sample of these and found they were completed as outlined in the provider's policy. Where required supplemental supervision following an event or incident was also completed and a record maintained.

Staff personnel file records contained the required information including qualifications, identification and Garda vetting disclosures.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that a management team was in place in this centre that identified lines of authority and accountability. There was a full time person in charge in place who was responsible for this and one other designated centre operated by the provider. They shared their time between both centres and were supported in this centre by a full time team leader who also met with inspectors on the day of inspection. The person in charge had additional support from a senior manager who held the position of person participating in management for the centre. Staff who spoke to the inspectors were clear on who to speak to should they have a query or concern.

The provider had a governance system in place for the completion of audits and monitoring visits to the centre as required under this Regulation. These were reviewed by the inspectors and a quality assurance plan was seen to have been developed arising from these audits. In addition at a local level audits and oversight mechanisms were in place. There were however, a number of gaps in documentation and recording systems that required review.

For instance where a restrictive practice was in place such as the locking away of sharp implements there was no checking or monitoring system associated with this and the inspectors found that the contents of the 'sharps' cupboard was not reviewed or monitored. In addition where the young person or children had visitors to the service there were limited or no systems in place to record when a visitor was present or whether risks had been assessed in advance or information to guide staff on the support required.

Where external agencies were involved in the oversight and monitoring of the young person or childrens' placement records of these engagements were not consistently maintained. While inspectors reviewed formal minutes of meetings there was no corresponding system to record informal engagement or discussion.



Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspectors reviewed the providers' incident and accident records and found that those that required notification to the Chief Inspector of Social Services in line with the Regulation had been submitted. The inspectors had reviewed submitted incidents in advance of the inspection and found they had been notified within the required timelines. The nature of the submitted incidents and the provider response was reviewed under Regulation 26, Regulation 8 and Regulation 23.

Judgment: Compliant

### Quality and safety

The inspectors found that young people and children were safe and well supported to have fun, increase their independence skills and in some instances to attend education. The service provided endeavoured to promote their continued health, welfare and well-being.

The young person and children from observation and report appeared happy living in this centre. The inspectors observed that the person in charge and staff team responded respectfully to the young person and children at all times and were caring and familiar with their individual needs.

Overall, the young person and children appeared relaxed and content in the house, and with the levels of support offered by staff. There were systems in place to ensure that each young person and child was safe in the centre. For example, each young person had an assessment of need, care plan and individual risk management plan, all of which were found to be detailed in nature and guiding staff practice. Some improvement was found to be required in management of personal possessions, risk management and in the premises and these are detailed under the relevant Regulations below.

### Regulation 12: Personal possessions

The provider and person in charge had not ensured that the young people in the centre were appropriately supported or protected in the management of their personal possessions which includes their finances. While the provider had a policy in place to guide practice that was seen to have been last reviewed in May 2023,

this was not being implemented as required. There were no inventory lists in place that identified what items belonged to the young people in the centre, this was of importance as a number of large pieces of electronic equipment or gaming equipment was present. The person in charge had developed a system for protection regarding the opening of parcels and other deliveries to the centre.

In addition, no assessments of financial awareness or knowledge were completed for young people to guide on the levels of support they may require as outlined in the provider's policy. It was of concern that there were no details on oversight systems for finances to ensure these were appropriately internally and externally safeguarded.

Judgment: Not compliant

### Regulation 13: General welfare and development

The young people and children's educational needs were well supported in this centre and most were supported to attend school. The children and young people were reported to enjoy school and there were regular systems of communication between school staff and centre staff to ensure a consistent approach to supporting their learning. Where one young person had left school there were documented efforts to source a further educational or training placement with evidence that they had been involved in discussions about options available.

Where external appointed agencies were involved in the oversight and review of the care and support provided to the children and young people, the person in charge had ensured that they were supported by appropriate advocates. The inspectors reviewed meeting minutes that outlined the systems of oversight for all supports in place and systems for future planning for the children and young people. These did require improvement in the documentation of discussions and engagement outside of formal meetings as stated under Regulation 23.

Each of the children and young people in the centre had opportunities to discuss matters that impacted on how their home was run. In addition the children and young people had regular one to one conversations with key workers and the person in charge had a schedule of topics for inclusion in these conversations that ensured young people were fully informed about their rights and about matters that impacted them.

There were ample facilities for children and young people to play and relax with suitable outdoor safe play areas and comfortable communal and private rooms in place. The garden had been made safe and secure to support the children in having more independent access to toys and to protect them from risks such as the road outside the gate.

The children and young people were for the most part supported in developing a consistent daily routine and in learning the routines associated with everyday tasks

such as sitting at the table for meals or going grocery shopping. For some it was more challenging to implement a routine in relation to times for getting up or length of time using social media but this had been identified by the provider as an area of focus. In addition there was time for independent play and all were supported to go to amenities in their local community.

Judgment: Compliant

### Regulation 17: Premises

This centre comprises a large two storey detached house in a rural area close to a village. The house is set within its own grounds and the garden is divided into a number of secure areas for play and relaxation. There are two large sitting rooms one for the younger children and one for the young person. There is a large communal kitchen-dining room and small utility room. Bathrooms are available both upstairs and downstairs and all young people and children have their own bedrooms.

On arrival to the centre inspectors found that the front gate was closed and locked using a bicycle lock. The electronic closing and locking mechanism was not operational and the provider had been waiting for repair or replacement. The inspectors also found that a hatch in the wall upstairs had been removed for building works and not replaced, this had left access to the attic space accessible which was a concern in relation to potential risk and fire containment. In addition, the long fixing screws had been left on the carpet which posed significant risk as identified by the provider on their 'sharp item' risk assessment.

The inspectors found that one bedroom was not in a clean, hygienic or safe condition. Inspectors acknowledge that a young person or child has the right to their personal items and to have their room comfortable as per their wishes. However, inspectors found that the room was visibly unclean, droppings from pet birds and food residue visible on surfaces, a plant that had been knocked over left with soil on a table surface and overflowing bags of used drinks containers and bottles present. Furthermore sharp items were present in the room despite a risk assessment in place stating that they shouldn't be. The person in charge had not ensured that the tasks checked as having been completed on the bedroom cleaning/checking schedule had actually been carried out.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The provider's risk management policy contained information as required by

Regulation. The provider and local management team were for the most part identifying safety issues and putting risk assessments and appropriate control measures in place. Improvement was required in the assessment of some areas of risk, for example as mentioned access to sharp implements was restricted however, it was unclear what the basis for this decision was and what the risk was. There were no monitoring systems in place to record if sharp items were all accounted for. On the day of inspection the inspectors found screwdrivers in a bedroom that had been freely available for use and not removed following use. This was in part a result of the cluttered and busy bedroom environment as discussed under Regulation 17 where the screwdrivers had not been seen and in part due to the lack of a system to manage the risk by counting or checking restricted items.

When young people or children had friends or others over to visit the inspectors found that there was limited evidence of assessment in advance to identify potential risks of someone new in the centre and a lack of clear guidance for staff on the monitoring or oversight that should take place. In addition, there was no record maintained of these visits and these combined posed a risk to the safety of all children and young people who lived here.

Arrangements were in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. Adverse incidents were reviewed by inspectors and had been responded to appropriately. A serious incident review had been completed following serious incidents notified to the Chief Inspector via the notifications process. The providers response to these provided assurance that the oversight and review of risk was robust. Amendments to door locking and the security of the gate had been implemented in response to a child leaving the grounds for example.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had a policy to guide staff practice in the area of medicines management that had last been updated in May 2023. The provider had ensured that there were systems in place for the receipt, storage and administration of medications. The inspectors found that medication practices in this centre were good and that this area of care was held to a good standard at all times.

The children and young people had up-to-date prescriptions or a kardex in place and there were accurate records maintained of administration of medicines. Should a medicine dose be refused there was clear guidance for staff on how to record this and who to contact to discuss the next steps.

Where the children or young people had 'as required' (PRN) medication prescribed and these were clearly identified with clear and direct protocols in place for their use. The provider and person in charge were reviewing the recording of risk related

to storage of prescribed nutritional supplements in the kitchen.

Judgment: Compliant

### Regulation 8: Protection

Notwithstanding the area of finance and possessions outlined under Regulation 12 the provider had ensured there were robust safeguarding measures in place for the day-to-day care of children and young people in this centre. The staff members who met with the inspectors had a good working knowledge of safeguarding measures, and all had received training in the area. The area of intimate care was also well supported. Clear and direct personal and intimate care plans reviewed by the inspectors also aimed to promote the children's individual independence.

There were support plans based on recent assessments in place. These included safety assessments for the children in their home, in the community and while engaged in learning, all of the plans promoted health and well being while ensuring the children were protected. There was clear guidance for staff on the recording and response to unexplained bruising and systems for recording minor injuries.

Each of the children or young people in this centre were supported by the provider and by external agencies and there was clear evidence of liaison between the two parties and minutes of formal discussions indicated that safeguarding was a standing topic for discussion.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Le Cheile OSV-0005805

Inspection ID: MON-0035663

Date of inspection: 10/07/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in charge has implemented a daily and weekly log system for checking and monitoring the contents of the sharps cupboard. A specific staff member is assigned responsibility for conducting these checks and reporting discrepancies. The person in charge will develop a review process to audit the logs quarterly to ensure compliance.</p> <p>The person in charge has developed a visitor log system to record the presence of visitor, including time in/out and purpose of the visit with an implemented associated risk assessment. A visitor risk assessment form has been developed that must be completed in advance of any visit to identify any potential risks and required support for the young person and other residents. The staff will be made aware of the importance of reviewing these assessments before the visit takes place.</p> <p>The Person in charge will introduce a centralized recording system to log both formal and informal engagements with external agencies on a professional contact record sheet. Staff will be made aware of the importance of documenting these interactions, including date, key discussion points and follow up actions. The person in charge will review these records weekly to ensure consistency and accuracy and to identify any actions for further follow up.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p>	



The Person in Charge has created a standardized inventory form to list each young persons belongings, especially high – value items such as electronic or gaming equipment. A staff member for each young person has been assigned responsibility for conducting and updating inventory records which are filed in the young persons personal care plan. A quarterly inventory check will be carried out, aligning with the personal care plan reviews and updates, the person in charge will oversee the systems implementation and provide ongoing support to the staff and young persons on its importance and use. A clear process for reporting missing or damaged items will be implemented with a defined procedures for staff and young persons to raise concerns with a log of these reports maintained. The Person in charge will liaise with the young persons to arrange for lockable storage where necessary to store items of significant value to further protect the young persons belongings.

The financial awareness assessment has been updated to evaluate the young persons knowledge and skills in handling money. Based on the results of the assessment an individualized financial support plan has been developed outlining the level of support required for independent management. The Person in charge continues to support the young person with learning including basic money management, understanding banking, and avoiding financial exploitation.

The person in charge carries out routine audits of spending and documentation of all financial transactions involving the young persons accounts in conjunction with the young person to verify that appropriate safeguards are in place and there are no discrepancies or misuse of funds.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
The Person in charge has expedited the repair of the electronic locking mechanism on the gate. In the interim a temporary but secure locking solution has been implemented while waiting for the repairs, staff ensure to monitor the gate during vulnerable periods when the residents are on site in the center. The Person in charge regularly updates the provider on the status of the repair and has escalated the urgency.

The person in charge has immediately replaced the hatch in the wall to restrict access to the attic space. A safety inspection of all areas has been carried out to ensure all access points are properly sealed and monitored. The long screws evident on the day of the inspection were immediately removed and staff made aware of the importance of removing such hazards to maintain the young people's safety.

The person in charge direct an urgent deep cleaning of the bedroom to remove health hazards. The person in charge reviews and updates the cleaning and checking schedule to ensure staff are held accountable for verifying task completion. A risk assessment has been developed to permit the young person to have access to tools for computer

maintenance with a protocol developed and implemented to ensure their safety with items and their adherence to safety protocols.

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The person in charge in conjunction with the senior manager conducted an immediate review of all risk assessments post inspection, particularly regarding access to sharp implements, to ensure the rationale for restrictions is clearly documented, including the specific risk posed to each young person. A protocol to permit the use of tools for computer maintenance has been developed to ensure their safety and to promote independence and autonomy. The risk assessments have been amended to reflect the issues identified during the inspection, including the need for monitoring systems to track the presence and use of sharp items.

The person in charge has introduced a regular de-clutter schedule for bedrooms to ensure a clean and organized environment where hazardous items are easily visible and managed. Staff have been made aware of the revised risk management system, including how to properly monitor, account for, and secure sharp items as well as how to maintain a clutter – free environment to minimize risks.

A monthly review of risk management practices is in place to assess whether all items have been properly monitored and accounted for. 6 monthly internal audits to ensure the effectiveness of the risk management system are carried out by the senior manager, with specific focus on the handling and monitoring of restricted items like sharp implements.

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/08/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/08/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Not Compliant	Orange	30/08/2024

	suitably decorated.			
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	30/08/2024
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.	Not Compliant	Orange	30/08/2024