



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

## Issued by the Chief Inspector

Name of designated centre:	Rusheen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	21 August 2024
Centre ID:	OSV-0008123
Fieldwork ID:	MON-0035488

## About the designated centre

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

Rusheen services is a designated centre which provides residential services in a community based setting in Galway city. The centre supports four residents who have an intellectual disability and who may also have reduced mobility. Residents have their own bedroom and there is a separate apartment available for one resident. Residents are supported both day and night by a staff team comprising nursing staff and health care assistants.

**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
Wednesday 21 August 2024	10:00hrs to 17:25hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with the residents who lived in the centre and observed how they lived. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health and, were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, and going out in the local area.

As this was a home based service, residents had the flexibility to take part in activities in the centre and in the local community at times that suited them. Residents frequently went for meals out and picnics and went to other places for days out and lunch. To ensure that residents with special dietary needs could enjoy going out to eat, the person in charge explained that staff explored local restaurants to establish which ones would accommodate residents' specific needs.

The centre was a house on the outskirts of a city and close to a seaside area, and could accommodate three people, with an adjoining apartment for one person. The centre was comfortable and accessible and was equipped with handrails and ramps to support residents to mobilise as independently as possible. Some rooms were also equipped with overhead hoists. The location of the centre gave residents very good access to a range of amenities and opportunities nearby. There were sufficient vehicles to ensure that each resident could have individualised outings in line with their own choices.

The inspector met with three residents who were present in the centre during the inspection. The resident who lived in the apartment welcomed the inspector warmly with smiles and showed the inspector around the apartment. However, they shortly indicated that it was time for the inspector to leave and this wish was respected. While there, the inspector saw that the apartment was bright, comfortable, tastefully decorated, and personalised. The inspector also met with two other residents, while the fourth resident was temporarily absent from the centre on the day of inspection. One resident was going to the family home for the day. This resident was laughing and smiling and was clearly delighted to be going for this visit. The other resident relaxed in the house for a while in the morning. They then went out with staff to do some shopping and while out went to the hairdresser for a haircut and tint. All three residents that the inspector met looked well. They were

smartly and appropriately dressed, their hair was nicely cut and styled and they had their nails polished.

Residents who lived in this centre required support with communication, and did not verbally discuss their views on the quality and safety of the service with the inspector. However, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support residents and staff to communicate with each other. Information was made available to residents, including pictorial meal plans, staff on duty on an electronic picture frame, the complaints process and fire orders. The person in charge also showed the inspector a communication system using a mobile phone application that was being used to enable a resident who was non-verbal to order their own coffee when out for refreshments. The organisation's technology team which included a speech and language therapist were exploring and trialling systems to enhance residents' communication options.

Meals were an important part of the service. The kitchen was well equipped and food storage areas were well stocked with nutritious foods including fresh fruit and vegetables. A staff explained how variety was offered and how modified meals were prepared and served. They demonstrated how each part of the meal was prepared and served separately on the plate in a tasteful presentation. They explained that this is so that residents could see and taste each constituent of their meal and could choose how much of each they wished to eat. Overall residents did not have the capacity to prepare their own meals, although they were supported to watch and have the levels of involvement that suited their needs and preferences.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

The next 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 and quality of life of residents.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard. However, a minor improvement to service agreement were required, although this not impact negatively on residents.

A clear organisational structure had been developed to manage the centre and this was described in the centre's statement of purpose. There was a person in charge who worked closely with staff and with the wider management team. The person in

charge was supported by a team leader who was based in the centre. The team leader was also involved in the day-to-day running of the service including a mix of care giving and management functions. The person in charge was very familiar with the running of the service and knew the residents well. Throughout the inspection, both the person in charge and team leader were very knowledgeable of the provider's processes, their regulatory responsibility, and residents' support needs. Arrangements were in place to support staff when the person in charge was not on duty, and there were also arrangements to manage the centre when the person in charge was absent.

To ensure that a high standard of care, support and safety was being provided for residents, ongoing auditing of the service was being carried out in line with the provider's audit schedule. An extensive range of planned and unannounced audits were being carried out both by staff and managers in the centre. Six-monthly unannounced audits by the provider, and an annual review of the service which included consultation with residents were being completed. These combined audits gave rise to an ongoing work plan to identify improvements required in the centre, and these improvements were being addressed in a timely manner. The auditing system was effective as the inspector saw that issues that had been identified during the audit process had given rise to changes in practice which resulted in these issues being suitably addressed.

There were suitable resources to ensure the effective delivery of care and support to residents. These resources included the provision of a suitable, safe, clean and comfortable environment, transport, access to Wi-Fi, television, and assistive equipment for residents. Adequate levels of suitably trained staff were available to support residents with both their leisure and healthcare needs. A range of healthcare services, including speech and language therapy, occupational therapy, and behaviour support were available to support residents as required. The provider had also ensured that the centre was suitably insured and there was a current insurance policy in place.

The provider had developed a written statement of purpose which described the purpose and function of the service. Details of the service provided was also stated in a residents' guide which was available to provide this information to residents. A complaints process had also been developed, and information was available to support residents, or their representatives, to make a complaint or raise a concern if they were not satisfied with any aspect of the service. However, this had not been required since the centre opened.

Documents required by the regulations were kept in the centre and were available to view. A sample of documents viewed during the inspection included healthcare records, communication plans, service agreements, audits, and records of any resident's temporary absence from the centre. Overall, these were found to be clear, accurate, up to date and suitably maintained. However, improvement to an aspect of service agreements was required, although this deficit did not have any negative impact on the quality of life and care delivered to residents.

## Regulation 16: Training and staff development

The provider and person in charge had ensured that staff who worked in the centre were supported with continuous professional development, had access to information, and had received appropriate training, to equip them to provide suitable care to residents. There was a training plan to ensure that training needs were being monitored, identified and planned as required. The inspector viewed staff training records and saw that all established staff had attended mandatory training in fire safety, behaviour support and safeguarding. However, two recently recruited staff were awaiting some required training. The person in charge had identified this and this training was scheduled to be carried out in the near future. Staff had also received other training and refresher training relevant to the care of residents such as training in manual handling, hand hygiene, medication management, eating, drinking and swallowing, human rights, and first aid.

Staff also had access to a range of information to inform their roles. These included copies of the regulations, the national standards, schedule 5 policies, and various guidance documents including guidance on infection control and statutory notifications.

The person in charge ensured that all staff had access to support and supervision meetings. These took place at least twice each year. The person in charge showed the inspector a schedule and records which showed that all staff had already attended supervision meetings in 2024. Further support and supervision meetings were scheduled for all staff in the second part of 2024.

Judgment: Compliant

## Regulation 19: Directory of residents

The provider was maintaining a suitable directory of residents. The inspector read the directory of residents and found that it included all the required information relating to each resident who lived in the centre.

Judgment: Compliant

## Regulation 22: Insurance

The provider had ensured that the centre was suitably insured. There was a current insurance policy in effect at the time of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The leadership and management arrangements in place to govern the centre ensured that the centre was being well managed and that a good quality and safe service was being provided to residents.

There was a clear organisational structure to manage the centre and this was clearly set out in the statement of purpose. The provider had appointed a person in charge of the designated centre. The person in charge worked closely with the wider management team, staff and a team leader who were based in the centre.

Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there, and was also knowledgeable of their regulatory responsibilities.

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. The inspector viewed these audits, which showed that high levels of compliance were being achieved. The audits were effective, as some areas for improvement had been identified during routine audits and improvements had been introduced to address these issues. The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had developed written agreements for the provision of service for all residents. The inspector viewed the service agreements for all four residents who lived in the centre. The agreements included most of the required information about the service to be provided, such as the financial responsibility of the residents and the support that residents would receive. However, the service agreements had not been updated to include the current fee being charged to each resident, although this information had been made available to residents' representatives and had been agreed separately. The signing of service agreements was inconsistent. One agreement had not been signed by a representative of the provider, and the other three had been signed by one provider representative and not two as required by the provider's procedure. All service agreements had been agreed and signed by

residents' representatives on behalf of residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had developed a statement of purpose and function for the service. The inspector read the statement of purpose and found that it described the service being provided to residents, included the information required by the regulations and was available to view in the centre. The person in charge was aware of the requirement to review the statement of purpose annually.

Judgment: Compliant

### Regulation 30: Volunteers

The provider did not use volunteers in this service. However, there was an up-to-date volunteer policy to guide practice in the event of this being required at any stage.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had good systems for the management of complaints in the centre. There was a complaints procedure which described the steps to follow when making a complaint, and this procedure was clearly displayed in the centre. An easy read complaints form had been developed for residents, which was in an accessible layout and included visual information. There had been no complaints made in respect of the centre, but the person in charge was clear about how a complaint would be managed if this was required at any time. The inspector reviewed the complaints log template and found that it was suitable. There was also an up-to-date policy to guide practice.

Judgment: Compliant

### Regulation 21: Records

This regulation was not examined in full, although a range of documentation and records were viewed during the inspection. Overall, these records were maintained to a high standard, and were accurate, clear and informative. These included healthcare records, temporary absences from the centre, the directory of residents. Information such as the statement of purpose, a current residents' guide, a copy of all inspection reports, the regulations and the national standards were also kept in the centre as required.

Judgment: Compliant

## Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care.

A good quality and safe service was being provided to residents who lived in this centre. The provider had good measures in place to ensure that the wellbeing and health of residents was promoted, that residents had autonomy and independence and that they were kept safe. The management team and staff were very focused on maximising the community involvement and general welfare of residents. The inspector found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed.

As this was a home based service, there were flexible arrangements around residents' activity choices. Residents could take part in a range of activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Residents were involved in a range of activities such as shopping, day trips, and going out for something to eat. Family contact and involvement was seen as an important aspect of the service, and this was being well supported.

Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable communication techniques were being used to achieve this. Staff supported residents' involvement in community activity and also supported residents to keep in contact with their families.

The centre suited the needs of residents. The centre consisted of a house and adjoining apartment in a residential area, close to a busy city and the coast. The location of the centre gave residents good access to a wide range of community amenities and activities. The inspector found that the dwellings were comfortable, and were decorated, furnished and equipped in a manner that suited the needs and preferences of the people who lived there. The house and apartment were kept in a clean and hygienic condition and had access to a spacious garden where residents could spend time outdoors. Laundry facilities were available in the centre and there

was a refuse collection service provided.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and were supported to attend annual medical checks. Other healthcare services available to residents included psychiatry, psychology and behaviour support therapy which were supplied directly by the provider. Nursing support was available as required. Reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Residents who were eligible to avail of national health screening programmes, were supported to attend screenings as appropriate, having regard for their assessed needs.

Residents' nutritional needs were well met. Well-equipped kitchen facilities were available for the storage, preparation and cooking of residents' food and suitable foods were made available to meet each residents' assessed needs and preferences. Residents could take part in food preparation at a level that suited their assessed needs and there were communication systems in place to support residents' food choices.

Procedures had been developed to manage temporary absence, transition and discharge of residents from the centre. The person in charge had arrangements to ensure that any resident who was transitioning between residential services or clinical settings was well supported, and that relevant information would be shared to promote continuity of care for residents as required. Arrangements to support a resident while in hospital included a written advisory document about the resident to inform hospital staff and a staff member to stay in the hospital with the resident each day during the hospital stay to support and advocate for them.

Although fire safety and risk management were not reviewed in full during this inspection, the aspects of safety that were examined were found to be suitable. There were arrangements in place to safeguard residents, staff and visitors from the risk of fire. These included staff training, and ongoing fire safety checks and audits by staff. All bedrooms were fitted with extra-wide external doors through which residents could safely evacuate directly to the outdoors in the event of an emergency. These exits were accessible and were fitted with ramps and grip rails to improve evacuation safety. Fire doors were fitted throughout the building to limit the spread of fire and a clear plan had been developed to manage a risk that had been identified in relation to fire containment. Since the last inspection, the person in charge had also ensured that clear information was being provided to staff to manage any risks associated with moving and handling and to ensure that the required techniques would be carried out safely.

## Regulation 10: Communication

The provider had good systems and procedures in the centre to support and assist residents to communicate in accordance with their needs. However, the use of sign language had not been fully explored. The inspector read a range of information which had been developed to guide staff and support residents to communicate. Communication passports, which stated required individual communication supports, had been developed for residents. User-friendly pictorial aids and objects of reference were being used in the designated centre to support residents and staff to communicate with each other. The use of assistive technology had been explored for some residents. There was an up-to-date policy to guide practice. Training in communication and sign language had commenced for some staff. However, the use of sign language had not been fully explored to establish if residents had a prior knowledge of this technique and to inform staff training schedule if relevant.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Residents were being supported to take part in a range of activities that they enjoyed both at the centre, and in the local community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. On the day of inspection residents were doing individualised activities that they enjoyed, such as a family visit for one resident, and shopping and hair styling for another. Since residents moved into this centre, staff had been supporting them to integrate into the local community, to get to know their neighbours, and to have family visits at the centre.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was made up of one house with an adjoining apartment, which could accommodate up to four residents in total. During a walk around the centre, the inspector found that the house was well maintained, clean, comfortable and suitably decorated. Before the centre had opened the building had been extensively renovated and adapted to suit the needs of residents. The centre was surrounded by well-maintained gardens which were accessible through French doors. The centre was served by an external refuse collection service and there were laundry facilities for residents' use.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' nutritional needs were being well supported. The inspector visited the centre's kitchen, which was well equipped and bright, and where food could be stored and prepared in hygienic conditions. There was adequate space for the storage of food, including refrigerated storage. The inspector saw that there was a selection of nutritious foods stored in the kitchen. Staff did grocery shopping based on residents' assessed preferences and needs. There were techniques in use in the centre to support residents to make choices around the food and drinks that they wanted to have. Some residents were involved in food preparation at levels that suited their abilities. Residents with identified meal requirements were provided with meals to suit their specific needs and staff were very clear about how this would be achieved.

Judgment: Compliant

## Regulation 20: Information for residents

There were good arrangements in the centre to ensure that residents were supplied with information. There was a residents' guide that contained a range of information to tell residents about the service. The inspector read the residents' guide and found that it included the information specified by the regulations. Other information that was relevant to residents, such as pictorial information about staff on duty and meal choices was clearly displayed in the centre.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure, that where a resident was temporarily absent from the designated centre, that the hospital or other place was supplied with relevant information about the resident. The person in charge was aware of these arrangements and explained them to the inspector. Health passports had been developed for each resident and these included a range of information about residents' specific care needs to inform hospital staff. The inspector viewed the records relating to a hospital admission and saw that clear records of residents' admission and discharge from the hospital were being kept. There was an up-to-date policy to guide this process.

Judgment: Compliant

## Regulation 26: Risk management procedures

This regulation was not reviewed in full at this inspection, but an aspect of risk management that had previously required improvement was reviewed and was found to have been suitably addressed. Since the last inspection, the person in charge had ensured that clear information was provided to guide staff in regards to all aspects of the manual handling practices that were required to safely support a resident's assessed needs.

Judgment: Compliant

## Regulation 28: Fire precautions

This regulation was not reviewed in full at this inspection, but an aspect of fire safety risk management that had previously required improvement was reviewed and was now being suitably managed. Overall, there were fire doors with self-closing mechanisms in place throughout the designated, although, due to its location one fire door could not be fitted with a self-closing mechanism. However, there were several control measures in place to manage this risk effectively and these were clearly documented in both the resident's personal evacuation plan and in the risk register. The person in charge explained that they continued to explore other options to address this issue.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing. The inspector viewed a resident's healthcare file which included records of medical assessments and appointments. Records viewed indicated that residents could visit general practitioners and medical specialist consultations as required. Residents also had access to allied healthcare professionals such as occupational therapists, psychologists, behaviour support specialists, and speech and language therapists within the organisation and appointments and assessments were arranged as necessary. Residents, who were eligible, had attend for some national screening checks, and these were planned in consultation with their general practitioners. Residents also attended community based appointments for their welfare, including reviews and treatments by chiropodists, opticians and dentists.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Rusheen Services OSV-0008123

Inspection ID: MON-0035488

Date of inspection: 21/08/2024

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>All Service agreement documentation has been updated to include the current fee being charged to each resident. All agreements have been signed by a representative of the provider. Agreements have been sent to residents representatives for signing and will be placed on file once returned.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>Training in communication and sign language will continue. Further exploration of residents’ knowledge of sign language will be used to guide practice.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/03/2025
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	06/09/2024