



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

Issued by the Chief Inspector

Name of designated centre:	Drummond Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	11 November 2024
Centre ID:	OSV-0008239
Fieldwork ID:	MON-0036978

About the designated centre

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

Drummond Lodge Residential Service is a Designated Centre with a five registered bed capacity. Drummond Lodge Residential Service offers 24-hour support to 5 residents with physical and sensory disabilities. This also includes people who may have an intellectual disability with physical and sensory needs. The Centre is a purpose-built bungalow which is wheelchair accessible and is located near a large town in Co Monaghan. Residents of Drummond Lodge are supported by social care staff with some nursing support. The residents are encouraged to avail of social facilities such as cinemas, bowling, sports, cafes, restaurants, supermarkets & clubs, where applicable.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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	09:00hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection. The inspector reviewed sixteen regulations during the inspection; 12 were found to be compliant, two were found to be non-compliant, and two were found to be substantially compliant. The impact of the areas that require improvement will be discussed in more detail later in the report.

The inspector had the opportunity to meet with four of the five residents, members of the staff team, the team leader, the person in charge and a member of the provider's senior management team.

The discussions with the residents and the information review identified compatibility issues amongst the group of residents living together. Some residents had been subjected to verbal aggression from their peers, leading to upset. The provider had taken measures to try reduce such instances but was unsuccessful. When meeting with the residents, the inspector asked how they got along with their peers. The responses were mixed, with some residents stating that they didn't always get along with their peers and others expressing that everyone got along.

On arrival to the centre, the inspector was introduced to two residents preparing to leave for their day service program. Prior to them leaving, the two residents met with the inspector individually. With the support of a staff member, the first resident spoke to the inspector about what they had done the previous day. The resident appeared at ease in their interactions with the staff member. The inspector asked the resident about living in the service, the resident expressed that, they would prefer to live with their family and spoke of not always getting along with those they lived with. With the staff member's support, the resident talked to the inspector about some of the things they enjoyed.

The second resident came to speak with the inspector in the sitting room. The resident chatted with the inspector about sports and a recent rugby match. The resident said they liked the house and the staff team however, they stated that they would like to live alone with support from staff members. The resident spoke about getting along with their peers and day service placement.

The inspector met with a third resident later in the morning. The resident spoke of getting along with the people they lived with and that the staff team helped them. The resident told the inspector about their planned outing to see a friend. The resident also spoke of their family, and they talked to them and saw them regularly. The resident appeared at ease in their environment.

The inspector met with the fourth resident in the afternoon as they had been on an outing with a peer during the morning. The resident informed the inspector that, they attended community groups and volunteered at a charity shop. The resident told the inspector that after a long wait, they had been offered a day service placement however, the day provided clashed with the resident's community group,

and they had chosen not to attend the day service. When asked about living in the house and with the other residents, the resident explained that it can sometimes be hard with other residents shouting. They also said that a lot of the time, everyone gets along, but there are some days that they go to their room to avoid the noise of other residents.

The inspector reviewed a sample of three residents' information. The review showed that the residents were, as much as possible, the decision-makers regarding their daily activities and plans. Person-centred plans had been established for them which outlined goals that they would like to achieve, and there was evidence of them completing the goals or taking steps to achieve them.

The residents liked to engage in activities in their community. Residents went for coffee and food, and some liked to go for a drink. Residents were supported in visiting or meeting family in their community, and there was evidence of regular family contact for some of the residents.

The residents' home was purpose-built to meet their needs. There was ample space for them to relax and receive visitors. Pictures of residents engaging in activities were displayed throughout the house, and the staff team and residents did their best to promote a homely atmosphere.

There was a large staff presence each day, and some residents were supported by a two-to-one staffing ratio. The inspector observed that residents enjoyed their interactions with the staff team and that the staff members engaged with the residents in a respectful manner.

In summary, the inspection identified that there were good aspects of the service being provided to the residents. However, these were overshadowed by the current compatibility issues in the residents' home and the impact that this had on some residents.

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 affect the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found that improvements were necessary. Firstly, the provider had failed to address all the actions from the previous inspection in 2023. Specifically, issues related to incidents where peers negatively impacted residents' rights through name-calling and intimidating behaviours were not resolved. Additionally, new issues were identified during this inspection, the areas requiring improvement will be covered in more detail under the relevant regulations.

This inspection identified gaps in the provider's systems that ensured that each resident was receiving a good service where they were safeguarded from all forms of abuse and that their rights were respected in their home. The provider had taken steps to address the safeguarding incidents, but the measures were not successful. Meetings had been held to identify compatibility issues amongst the residents, but at the time of the inspection, there was no formal plan for how these issues would be addressed.

While the provider needed to address a number of issues, the inspector also found that there were suitable arrangements in place in a number of areas, including staffing, staff training, the notification of incidents and complaints and the person in charge role. These areas were found to comply with the regulations.

Furthermore, a sample of staff rosters was reviewed, and it was found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programs to support them in caring for the residents.

In summary, the provider needed to take steps to ensure that all residents were protected from all forms of abuse and that their rights were upheld in their own home.

Regulation 14: Persons in charge

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents.

The inspector reviewed the person in charges credentials and found that they were a qualified healthcare professional with additional qualifications in management. Throughout the inspection, the person in charge showed their knowledge of the resident's needs. They spoke to the inspector about the various supports in place and plans for the residents.

Judgment: Compliant

Regulation 15: Staffing

The review of rosters and observations on the day showed that the provider had ensured that staffing numbers and the staff team's skill mix were appropriate in meeting the needs of the residents. The inspector reviewed the current roster and rosters from two weeks in July, the review showed that a consistent staff team was in place to ensure continuity of care for the residents.

There was a significant staff presence each day; six staff members were rostered for day shifts and two completed night duties. The staff team comprised staff nurses, senior support workers and support workers. The review of information demonstrated that the provider had ensured that the number of staff and their skill mix suited the needs of the residents.

The inspector reviewed a sample of two staff members' information. The review of information showed that the person in charge had ensured that, the required information listed under Schedule 2 of the regulations had been gathered and was available for review.

In summary, the provider ensured that safe staffing levels were maintained and that a consistent and appropriate staff team was in place.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed the training records for staff members. Evidence showed that staff training needs were under regular review and that staff members attended training when required.

Staff members had completed training in areas including:

- fire safety
- Safeguarding vulnerable adults
- medication management
- seizure management
- infection prevention and control
- human rights-based approach
- Patient moving and handling
- Children First
- manual handling
- positive behaviour support
- Patient moving and handling.

The inspector also sought to ensure that, the staff team was provided with supervision. The inspector reviewed two staff members' records, which showed that, the staff members had received regular supervision in line with the provider's processes.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that, some improvements were necessary. The service was previously inspected in November 2023, and the findings raised concerns about the rights of residents being negatively impacted by their peers. Unfortunately, this inspection indicated that such incidents continued to occur, adversely affecting some residents.

Although the provider had taken steps to increase staffing levels and create a separate living area, the adverse incidents persisted, causing distress amongst residents. Following these incidents, the person in charge submitted the required notifications as required by the regulations regarding any "allegation, suspected or confirmed, of abuse to a resident." In June, after reviewing a number of notifications, the Chief Inspector requested the provider submit a provider assurance report focusing on how they addressed the safeguarding concerns within the service. The provider submitted assurances, and the inspector followed up on these responses during the inspection.

Part of the assurances was that, residents' compatibility would be assessed. A compatibility meeting involving the provider and other relevant stakeholders was held on August 19, 2024. The meeting concluded that one resident was incompatible with their peers and required an alternative placement. The inspector inquired whether a discharge or transition plan had been established following this meeting. The person in charge informed the inspector that no formal plan had been developed and that decisions regarding the resident's transition were still pending.

While the meeting was a positive step, the lack of clarity regarding the following steps to support the resident's transition raised concerns for the inspector, especially since incidents between residents had continued to occur after the August meeting. Therefore, at the time of the inspection, the inspector was not assured that the provider could effectively meet the needs of all residents.

The inspector found that appropriate governance and management arrangements were in place at the local management level. There was a person in charge, and a team lead was responsible for the day-to-day management of the service. They completed regular audits and ensured that the service being provided was consistently monitored.

The provider had completed the required reviews and reports as per the regulations, and there was evidence that the provider had identified actions and taken steps to make improvements.

In summary, the provider had ensured robust arrangements at the local management level. However, the provider had not addressed the issue of incompatibility and the impact this was having on residents living in the centre and there was still no formal plan to support a resident's discharge/transition despite recognition at the meeting on 19 August 2024 that there was an incompatibility

issue.

Non compliance's identified under safeguarding and residents rights are being actioned under Regulations 8 and 9

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved examining the provider's untoward events and safeguarding incidents. This review showed that, the person in charge had submitted the necessary notifications for review by the office of the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the arrangements in place for the management of complaints. It was found that complaints had been submitted and that the person in charge had managed and responded to the complaints and sought to ensure that the complainant was satisfied with the outcome. Residents had been supported in raising complaints, and there was evidence that the person in charge had met with the residents and responded to their concerns.

Judgment: Compliant

Regulation 4: Written policies and procedures

As per the regulations, the provider is responsible for writing, adopting, and implementing policies and procedures on the matters set out in Schedule 5. The inspector requested the Schedule 5 documents and found that the provider had developed all policies and procedures.

The provider also ensured that the policies and procedures were reviewed within the prescribed time frame stated in the regulations.

In summary, the provider had ensured that there were policies and procedures for staff members to follow.

Judgment: Compliant

Quality and safety

The inspector reviewed samples of three residents' information and met with four of the five residents. The review of information and discussions with the residents identified that they were receiving care and support that suited their specific health and social care needs. For the most part, their needs had been appropriately assessed, and there was evidence showing that the residents were supported in engaging in activities they enjoyed.

However, these positive findings were overshadowed by the fact that, compatibility issues remained in the service and that there were occasions when residents were subjected to verbal aggression from their peers.

While the inspector found that, for the most part residents needs were assessed improvements were required to how residents' communication needs were being assessed and how staff members were educated on how to best interact and support the residents' communication.

In summary, the inspection found that while there were good aspects of the service, there were also a number of areas that required improvement.

Regulation 10: Communication

The inspector found that some of the residents required assistance in communicating their wishes and when meeting with residents, it was evident that, some of the residents required support for staff members. Staff members assisting

residents supported them in a kind manner and appeared to know the residents communication styles well.

The inspector reviewed documentation regarding the residents' communication strengths and areas where they needed support. The inspector examined two residents' information and found that the staff team had developed communication passports. The documents had a number of headings to help the reader get to know the residents and how they could support them. While this was important information, only two headings in each document focused on the resident's communication skills, "how I express myself and how you can help". The inspector reviewed the information and found it was limited, and did not give the reader enough information regarding the residents' communication skills.

The inspector asked if an appropriate person had assessed residents' communication skills. They were informed that the resident's communication skills had not been assessed. Therefore, there was a need for residents who had communication difficulties to have their communication style evaluated by an appropriate person.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The current residents were supported to be active. The inspector found through the review of information and discussions with the staff members that the residents were the decision-makers around their day. Staff members supported the residents when required, but the residents were as much as possible deciding the activities they wanted to do.

The residents had identified social goals that they would like to or towards. There was evidence that the staff team supported the residents in planning and achieving many of the goals. That work was being completed to achieve outstanding goals.

As mentioned earlier, some residents attended day service programs, others attended community groups, and some volunteered.

In summary, the review of information and discussions with some residents identified that the residents were making the decisions around their daily activities and that the staff team, where possible, facilitated these.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register had been developed, and the inspector reviewed it and found that it

captured social and environmental risks. Individual risk assessments had been designed for each resident. The inspector reviewed two of the resident's assessments and found that they were linked to other information and that risk control measures were appropriate and under regular review.

The inspector found that the provider was identifying and responding to risks appropriately. If required, adverse incidents were recorded and reviewed at team meetings and at the senior management level.

In summary, the inspector found that there were suitable risk management arrangements in place, risks were being identified, risk assessments had been developed to reduce and manage risks, and the staff team were taking steps to maintain the safety of the residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had ensured that appropriate medication management practices were in place. Staff members who required it had completed medication management and administration training.

The review of medication records for two residents showed that they were well maintained with clear guidance for staff to follow when administering.

The inspector also found that there were safe practices regarding the ordering, storage and disposal of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed information samples regarding three residents' and found that comprehensive assessments of their needs had been completed. There were documents called "assessment of needs and all about me". There was also a document called "support in action", which listed the residents' strengths and areas they may require support with.

In summary, the provider and person in charge had ensured that appropriate assessments had been completed and that support plans had been developed for staff to follow when working with the residents.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' health needs were under review and that the residents, when required, were accessing allied healthcare professionals. The inspector reviewed two residents' "health action plans"; the plans captured their medical history and any support they required regarding their health. There was information specific to each resident and guidance for staff to follow when supporting them.

In summary, the inspector found that the resident's health was under review and that steps were taken to maintain their health.

Judgment: Compliant

Regulation 8: Protection

According to regulations, the provider must protect residents from abuse. However, during the inspection, it was noted that some residents regularly engaged in verbal aggression, name-calling, and intimidating behaviors towards their peers. Although the provider had taken steps to address these issues, they were largely unsuccessful, and incidents continued to occur.

The person in charge initiated investigations into any incidents, allegations, or suspicions of abuse, taking appropriate action when a resident was harmed or experienced abuse. Required notifications were sent to relevant bodies, and safeguarding plans were developed.

The inspector reviewed these plans and found that they aimed to protect residents and reduce the recurrence of incidents. Due to the frequent occurrence of safeguarding incidents, the inspector sought assurances that residents had been provided with information regarding self-awareness and the skills needed for self-care and protection.

The initial review of resident meetings indicated that no such information had been shared over the previous six-week period. However, the person in charge was able to provide evidence to the inspector showing that residents had received this information, which was crucial given the incidents of verbal aggression among residents.

In summary, incidents of verbal abuse among residents continued to occur. Although the provider made attempts to mitigate these incidents, they were not effective. Therefore, further improvements and measures are necessary to ensure the safety of all residents from abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

As noted earlier, the last inspection of the service was in October 2023. The inspection findings at that time identified that improvements were required to ensure the rights and dignity of each resident were upheld in their own home.

This inspection found that there were still occurrences where residents' rights were negatively impacted by their peers. There was evidence of incidents occurring where some residents engaged in verbal aggression and sometimes intimidating language towards their peers. As discussed earlier, residents were supported in raising complaints following such occasions, and the provider took steps to reduce the incidents. For example, the provider created a second sitting room for residents to use and increased staffing levels, with some residents providing two-to-one staffing support each day.

The provider had attempted to reduce the likelihood of incidents reoccurring. However, the approaches had not been successful. Regularly, residents were subjected to verbal abuse from some of their peers, and this had negatively impacted them.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Drummond Lodge OSV-0008239

Inspection ID: MON-0036978

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following the inspection, three meetings were held with HSE management and the Multi-Disciplinary Team (MDT). During these meetings, it was agreed that the creation of an individual apartment for one resident was necessary to respect their wishes and safeguard all other residents.</p> <p>A proposal for the apartment has been submitted to the property owners, and once approval is received from both the owners and the HSE, construction will commence. The estimated timeline for completion of the works is 8–10 weeks.</p> <p>In the interim, high levels of staffing remain in place to ensure the continued safety and well-being of all residents. Staff are adhering to safeguarding plans, which have been effectively implemented. It is important to note that there have been no incidents of safeguarding concerns related to this issue since the last inspection.</p> <p>Resilience Healthcare is committed to ensuring the highest standards of governance and management to protect and uphold the rights and safety of all residents.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • A comprehensive review of all existing communication plans will be undertaken by the HSE Multi-Disciplinary Team (MDT), including input from speech and language therapists, psychologists, occupational therapists, and other relevant professionals. • This review will ensure that each plan is person-centred, up-to-date, and reflective of the individual's current communication needs and preferences. • All staff have participated in a dedicated training session on the use of Total Communication Training. 	

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

Resilience Healthcare, in agreement with the HSE, proposes reconfiguring the centre to establish a fully self-contained apartment, ensuring residents' rights, independence, and protection from abuse.

Key Changes:

- Apartment Layout: Bed 06 and Bed 07 will be combined into an individualised apartment with a living room, kitchen, bedroom, ensuite, wardrobe, and storage.
- Independent Access: Separate external access will be provided, with no access between the apartment and the main house for other residents.
- Staff Support Office: A new staff office will be created to provide support and maintain separation from the main house.

Fire Safety Adjustments:

- Install a new escape door near the laundry room and upgrade fire-rated walls, signage, alarms, and emergency lighting as needed.

Outcome:

The reconfiguration will enhance privacy, autonomy, and safeguarding for the residents while complying with regulatory requirements. Construction will proceed upon approval and will be completed within the agreed timeframe of 8-10 weeks.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Compliance Plan – Reconfiguration of Centre to Create a Self-Contained Apartment

Resilience Healthcare, in agreement with the HSE, proposes to reconfigure the centre to establish a self-contained apartment within the building. This redesign aims to enhance residents' rights, ensure the protection from abuse, and promote individual autonomy while maintaining compliance with regulatory standards.

Details of the Proposal

1. Creation of a Self-Contained Apartment

o Integration of Bed 06 and Bed 07: These rooms will be combined to form a fully individualised apartment designed to meet the needs of the resident, ensuring both privacy and accessibility.

o Independent Access: The apartment will have a separate external entrance via an existing external door. This will provide autonomy for the resident and prevent access between the apartment and the rest of the building by other service users.

2. Internal Layout Adjustments

o Openings between internal rooms will be created as needed to aid wheelchair circulation and ensure the space is functional and accessible.

o The apartment will include the following facilities:

- Living Room
- Kitchen
- Bedroom
- Ensuite Bathroom
- Wardrobe and Storage Space

3. Staff Support Office

o A dedicated staff support office will be established in the existing corridor to provide support while maintaining the privacy and independence of the apartment. This office will also act as a physical barrier, fully separating the apartment from the remainder of the house.

4. Fire Safety and Emergency Escape Provisions

o A new escape door will be installed next to the laundry room to ensure adequate emergency escape routes for the remainder of the house.

o Fire-rated studwork walls will be constructed as required to create the proposed spaces and close up existing doors that are no longer needed.

o Alterations to the fire alarm system, escape signage, and emergency lighting will be carried out to comply with fire safety regulations and ensure the safety of all residents and staff.

Rights and Safeguarding Considerations

- This reconfiguration will provide the resident of the apartment with a living space that prioritises their right to privacy and independence, while minimizing interactions that could lead to potential risks of abuse.

- Ensuring no access for other service users between the apartment and the rest of the house supports a secure and safe environment for all residents.

Next Steps

1. Finalise architectural plans and secure approval from relevant stakeholders.

2. Engage qualified contractors to carry out the required construction and fire safety modifications.

3. Communicate plans to residents, families, and staff to ensure transparency and inclusion throughout the process.

4. Conduct staff training on any operational changes resulting from the reconfiguration to uphold standards of care and support.

Timeline

- Construction and reconfiguration works will commence following approval and are estimated to be completed within 8-10 weeks.

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 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	13/01/2025
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	30/01/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/03/2025
Regulation 09(3)	The registered provider shall ensure that each	Not Compliant	Orange	31/03/2025

	resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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