



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

Issued by the Chief Inspector

Name of designated centre:	Carrowgar Respite Service
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	28 January 2025
Centre ID:	OSV-0008262
Fieldwork ID:	MON-0037498

About the designated centre

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

The designated centre provides a respite service for up to four residents, under and over 18 years of age, with an intellectual disability. The centre comprises of one dormer-style house located near a town in Co. Clare, where residents have their own bedroom, some en-suite facilities, shared bathrooms and communal use of a kitchen and dining area, activities room, sitting room, utility and garden spaces. The centre has its own transport, and is situated close to many amenities and services. Staff are on duty each day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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
Tuesday 28 January 2025	11:15hrs to 18:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection to assess the provider's compliance with the regulations, so as to inform a registration renewal decision. The day was facilitated by the person in charge, the manager for the centre, and the team leader. Over the course of the day, the inspector also briefly met with the person participating in management, three staff members and with two residents. Overall, there were many good practices observed upon this inspection in relation to the care and support that was being provided to residents. However, there were improvements required to aspects of medication management and residents' assessment, which will be discussed in more detail later on in this report.

This was a respite service that catered for up to four residents each night. The centre operated as a mixed service, whereby, four adults or four children could be accommodated, and at no time were adults and children accommodated at the same time. There was a high number of residents that did avail of this service, which required on-going robust coordination by the local management team, to ensure those scheduled for respite, were compatible with availing of the service with other residents. Residents had assessed low to moderate support needs, and generally required staff support to get out and about to do the activities that they liked doing. Some residents had assessed health care needs, and others required positive behaviour support from time to time, and this was being provided through on-going staff support and supervision. The compatibility of residents was a key focus in how this centre operated, which was being effectively overseen by management, which had a positive impact on residents quality and safety of care, during their respite stay.

The centre comprised of one dormer-style house, located a few kilometres from a town in Co. Clare. Residents had their own bedroom, some of which were en-suite, there were shared bathrooms, a kitchen and dining area, an activities room, utility, a sitting room, and there was also a staff office and sleepover area. Due to the proximity of this centre to a busy main road, and identified risk to some residents, the perimeter of the centre was secured to allow residents to have safe access to the garden, which contained a swing and trampoline for children, and various seating. Bedrooms were located on the ground and first floor, and residents were given the choice upon each respite stay, which bedroom they wanted to stay in. Within the sitting room, an enclosed sensory area was created for residents to use, if they so wished. All residents were encouraged to bring items from home with them if they wanted, and an inventory of these were recorded upon their admission. Prior to this inspection, the provider had completed some upgrade works to the centre, to include a new fitted kitchen and many of the rooms had been re-painted. The provider had further plans to complete more upgrade works to include, further painting and decorating, and also improvements to the garden area. Overall, the centre was spacious, bright, clean and provided a comfortable living environment.

On the day of this inspection, the centre was accommodating children, with two

scheduled in for respite that night. They were picked up by staff from their school and brought to the centre, where they got settled in before heading off with staff to McDonalds. Upon their arrival, there was a very calm and relaxed atmosphere maintained, with friendly interactions had between the staff and two residents. Both had assessed communication needs and were unable to speak directly with the inspector about the care and support they received. However, they were observed to roam freely from room to room, and appeared very comfortable in the company of the staff members who were on duty. There were two staff rostered that evening, which meant that both of these residents could head out together or independently as they so wished. The inspector did speak with the team leader for a time about the other residents who availed of this service, and was informed that many of them loved to get out and about, and had plenty of social interests and preferences. Some liked to go bowling, shopping, go to the pub, liked music, and some had recently visited an aquarium. Staff had also plans in place to expand their social outings with residents, to include, a visit to a nearby folk park and a pet farm, and also had plans to start up gardening projects with residents. Residents' preferences for social activities were discussed with them upon each arrival to each respite stay, and arrangements were then put in place by staff to accommodate their requests.

There was a well-established staff team supporting these residents and there was clear lines of accountability, with staff reporting to a team leader and manager. The person in charge visited the centre on a regular basis, and also kept frequent contact with local management about any issues arising. A significant emphasis was placed on the on-going review of this centre's staffing arrangement, with clear oversight maintained by local management, to ensure sufficient staff were rostered for duty, based on the assessed needs of the residents planned for admission.

For the most part, the provider was found to be in compliance with the regulations that they were inspected against. However, certain aspects of medication management did require review by the provider, to ensure more robust arrangements were in place, particularly in relation to self-administration practices. More minor improvements were also found to be needed to aspects of monitoring and resident assessment arrangements; however, it is important to note that the specific findings of this inspection did not have any negative impact on the quality of care that residents were receiving within this service.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

The provider had suitable persons appointed to manage and oversee the running of this centre, and had ensured effective communication was maintained between the staff team, local management and senior management about any updates or changes being made to the service residents received. Regular and consistent

monitoring of various aspects of this centre was also occurring, and although there was evidence that the provider was responsive when improvements were identified, they did need to review the overall effectiveness of some of the actions they had taken to address issues.

There was a suitable number and skill-mix of staff working in this centre, and many of these staff members had supported these residents for quite a period of time, and knew them very well. Although rare in occurrence, the provider did have arrangements in place, should this centre require the support of additional staffing resources. There was a good managerial presence maintained at this centre, and staff also had the support of out-of-hours, as and when required.

The way in which the provider monitored the quality and safety of care in this centre, resulted in many aspects of the service being subject to extensive regular review. These included a range of weekly and monthly reviews completed by local management, which informed any new risks or action required to be taken to address any areas of concern identified. In addition to this, the provider had ensured their six-monthly provider-led visit had been completed in line with the requirements of the regulations. Where improvements were identified through these monitoring systems, there was evidence to demonstrate that the provider had been very responsive to these, particularly in relation to recent findings of a medication management review. However, this inspection did identify that improvement was required to a particular aspect of self-administration of medication practices. Although the provider had recently identified this improvement for themselves through their own review of medication management, the action in which they took in response to this, was not robust enough to ensure compliance with this aspect of their service.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was supported in their role by a manager, team leader, their line manager, and staff team in the running and management of this service. They were familiar with the residents' assessed needs, and with the operational needs of the service delivered to them. They did hold responsibility for other services operated by this provider, and current governance arrangements ensured that they had capacity to effectively manage this centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, to ensure sufficient staff were at all times on duty to support the assessed needs of resident availing of this service. Where additional staff support was required from time to time, the provider had suitable arrangements in place for this. There was also a well-maintained roster, which clearly outlined the full names of staff, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had received the training that they required suitable to their role. Where refresher training was required, this was scheduled accordingly. In addition, all staff received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that adequate resources were available to this centre, in accordance with their statement of purpose. There was good communication maintained between management and staff, with regular meetings occurring to discuss resident specific care arrangements, and any operational matters.

There were clearly defined monitoring arrangements in place for this centre, which were effective in identifying where improvements were required. For example, the most recent six monthly provider-led visit thoroughly looked at various aspects of this service, and provided clear guidance to the provider in relation to areas of service that required improvement. Similar good practices were also observed in weekly and monthly monitoring reports that were being completed by local management, which again, identified specific improvements relating to the care and support that was being provided in this centre. However, the provider's response to addressing some of the improvements they themselves identified, required review to ensure these were robust enough to satisfactorily address the issue, and ensure the centre was operating in compliance with the relevant regulations. For example,

similar to the findings of this inspection, a recent review of medication management practices completed by the provider, identified that improvements were required to the receipt of medicines into the centre by residents who were assessed as being suitable to self-administer their own medicines. Although action was taken by the provider in response to this, this still did not fully address the issue raised, or support the provider in assuring themselves that this area of practice was being safely overseen and governed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at this centre, which clearly outlined all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had an incident reporting system, which was regularly reviewed to ensure all incidents had been responded to in a timely manner. They had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

This was very much a resident-led service that engaged with residents on an on-going basis about their care, and supported residents with assessed communication needs, to be able to express how they wanted to spend their time while on their respite stay. Overall, there were many good care and support practices observed in this centre, which had resulted in positive outcomes for residents. However, attention was required to self-administration of medicines to ensure better and safer practices were being adhered to by the provider.

Residents were encouraged to take responsibility for the administration of their medicines, and were risk-assessed accordingly to ensure it was safe for them to do so. Medication management was closely monitored by the provider, with many audits occurring. The most recent medication audit did identify a number of

improvements required, and local management had taken action to address these. However, included in these findings was the requirement for better arrangements to be put in place for the prescribing records being maintained for residents who did self-administer their own medicines. The provider did put a measure in place to address this; however, the adequacy of this measure in effectively addressing the issue, needed further review by the provider.

Residents' needs were well-known by staff, and any changes to residents' care and support needs were quickly communicated with all the staff team. Good practices were observed in relation to the overall management of residents who had assessed health care needs, with clear plans and protocols in place to guide staff on how to care for these residents. A weekly audit completed by the team leader to review care provided to residents upon their last respite stay, also informed any changes that may be required in preparation for residents' next stay. However, this inspection did find that a review of residents' assessments and personal planning was required, to ensure better information was recorded within residents' assessment of need, to reflect the specific care staff did provide to them. In addition to this, some personal planning arrangements also required review, to ensure sufficient guidelines were provided to staff in relation to residents' specific care and support needs, particularly with regards to nutritional care and positive behavioural support arrangements.

Effective risk management practices were also found upon this inspection, whereby, when incidents occurred, they were quickly reported and responded to. For example, following to incidents relating to a resident's safety when in transport, the provider had taken action in relation to these and had put better and safer arrangements in place to reduce the likelihood of re-occurrence. Resident related risks were often discussed with staff through daily handover and staff team meetings, and local management also made members of senior management aware of any new risks emerging. However, some minor improvement was required to some risk assessments, to ensure clarity was provided on the specific risks and control measures that had been put in place by the provider.

Regulation 13: General welfare and development

The provider had ensured each resident was provided with the care and support they required, which gave regard to the nature and extent of their disability, capacity, and wishes. Sufficient staff support was at all times on duty to support residents to get out and about, and there was suitable transport available at the centre to allow for this. Residents had multiple opportunities to engage in activities that they liked, and that they responded well to. Given the nature of this respite service, which catered for both adults and children, adequate recreational spaces were provided, along with indoor and outdoor play areas for children. Based on assessed communication needs that some residents had, emphasis was also placed on ensuring these residents were provided with a choice of meaningful sensory based activities. Residents were engaged with upon each admission to discuss with

staff what activities they wanted to do during their stay, and there was evidence of this pre-admission process maintained. Residents were also continually engaged with by staff, and there was also good links maintained with parents and representatives about residents' general welfare and development, as part of this respite service.

Judgment: Compliant

Regulation 20: Information for residents

There was a Residents' Guide available at the centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Where incidents occurred in this centre, there was evidence that these were reported, reviewed and quickly responded to by the provider. This was especially found in relation to previous resident safety and safeguarding related incidents, whereby the provider effectively and timely responded to these, which resulted in no further incidents of this nature re-occurring.

Identified risks were routinely re-assessed; however, some improvement were found to be required to this process. Where some resident risks were identified, the supporting risk assessments were not always clear on the specific risk that required to be managed. Furthermore, although organisational risks were maintained under regular review by management, the risk register required review to ensure it supported them in their on-going monitoring of risk. For examples, although key areas of service were included in the risk register, supporting risk assessments required updating, particularly in relation to staffing, medication management, and resident assessment and personal planning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, to include, fire detection and containment arrangements, emergency lighting was fitted internally and externally, regular fire safety checks were being completed, fire exits were maintained clear,

and all staff had received up-to-date training in fire safety. There was also a waking staff member on duty each night, which meant that should a fire occur at night, staff were available to quickly respond.

Fire drills were regularly being carried out, and records of these, demonstrated that staff could support these residents to evacuate the centre in a timely manner. However, due to the number of residents availing of this service, the provider recently reviewed their fire drill schedule, so as to ensure all residents were at minimum participating in a fire drill. Furthermore following review of the fire procedure with the inspector, the person in charge and manager made arrangements for this document to be reviewed to include upstairs evacuation arrangements, before close of this inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While the provider did have regular monitoring and oversight of medication management practices in this centre, a review of the processes in place to support residents to self-administer their own medicines required significant review.

Prior to this inspection, a review of medication practices was undertaken by the provider, which identified a number of areas for improvement. Within their findings, the provider identified that better recording processes were required in relation to self-administration practices. However, although the provider did put a measure in place to address this, this required further review by the provider to ensure their response to addressing this issue was robust enough to ensure they were at all times operating in line with their own medication management policy and procedures.

At the time of this inspection, approximately 12 residents availing of this service, were assessed to have the capacity to take responsibility for administering their own medicines. However, no prescribing records were maintained for these residents by the centre, to inform on what medicines these residents were prescribed. In the weeks prior to this inspection, the provider had introduced a declaration form that was completed by residents upon their re-admission to the centre, whereby, they detailed the medicines they had brought with them to self-administer for their duration of their stay. However, the provider had no prescription records available to them to verify that these were medicines that the resident was prescribed, and did not have any arrangements in place to check-in these medicines upon arrival. This practice was not supported by the provider's own medication management policy or local protocol and posed a considerable potential risk to the provider's oversight of this aspect of medication management practices in their centre.

Furthermore, the provider's policy and procedure supporting self-administration of medicines also required review to ensure it was more robust in its guidance to staff.

For example, the policy clearly guides on the self-administration assessment arrangements; however, no specific guidance is provided in relation to medicine storage arrangements for those self-administering their medicines, what level of engagement if any, that staff are to have with residents to verify if they took their medicines, or the threshold of incident that may warrant a re-assessment to be completed, and any other control measures that should be considered as part of this practice.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Although staff were found to be very much aware of the specific care and support needs that residents had, the system for the assessment of residents' needs required review.

Each resident was subject to an annual re-assessment of their needs, and upon each respite admission, a pre-admission assessment was also completed to inform of any changes to their care and support needs, since their last respite stay. However, a review of residents' assessment of need was required to ensure clearer information was being gathered about residents' specific needs. For example, for one resident whom staff supported them with their incontinence care needs, neurological care needs, positive behaviour support and nutritional care needs, their assessment of need document didn't clearly assess for, or capture relevant detail pertaining to these aspects of their care.

Furthermore, for one resident who had specific dietary needs, their assessment of need did not give consideration to any multi-disciplinary input or guidance that may be required by staff so as to inform the care they received while on their respite stay.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had arrangements in place for this. However, some improvements were required to the assessment and documentation of this aspect of service.

Where residents had behavioural tendencies, staff were well aware of these and of how to support these residents. Where any behavioural related incident had been reported, these had been responded to quickly by the provider. Although at the time of this inspection, no resident was assessed as requiring the input of a behavioural

support therapist, this multi-disciplinary support was available to the service, as and when required. However, from speaking with staff and reviewing various documentation, it was found that clarity was required within residents' assessments and supporting personal plans, to give clarity on the specific behaviours that some residents may exhibit, and to clearly outline the proactive strategies that were being implemented by staff in practice, to support these residents.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had ensured that procedures were in place to support staff in the identification of any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding, and where previous incidents of a safeguarding nature had occurred in this centre, the provider had put in effective measures, which had resulted in mitigating against any further incidents re-occurring. Safeguarding was regularly discussed with all staff, and maintained under very regular review by management.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Carrowgar Respite Service OSV-0008262

Inspection ID: MON-0037498

Date of inspection: 28/01/2025

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> <ul style="list-style-type: none"> • A quality improvement action plan has been developed in the service. The purpose of this plan is to review needs of each service user with a view to ensuring that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored by the PIC, Manager and Team Leader. It is expected that all service user's needs will be reviewed by 31.03.25. • The quality improvement plan will be monitored on a monthly basis through the monthly service audit. • The daily notes in the service have been updated to ensure specific issues relating to service users who self-administer their medication to ensure these service users and other residents are safe and that the service has oversight of all medication in the service. • New arrangement for supporting residents who self-administer medication were discussed at the most recent Team Meeting to make the whole staff team aware of the issue and to address it going forward. This took place on 30.01.25. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The service is currently carrying out a review of the needs each resident. Each individual risk assessment will then be updated to reflect all current risks and associated 	

control measures. It is expected that all service user's needs risk assessments be reviewed by 31.03.25.

- The following risk assessments in the service will be reviewed staffing, medication management, and resident assessment and personal planning. This will be completed by 31.03.25.
- Following a review individual and workplace risk assessments above the risk register will be reviewed to ensure it is an accurate reflection of risks in the service. This will be completed by 31.03.25.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The providers Practice Development Lead in Health and Medicines Management visited to the service on 10/02/2025 to review practices and agree actions moving forward.

- The service is undertaking a full review of the service users individual medication management plans. The plans of the service users who self-administer are being reviewed first to ascertain their needs, the service is contacting them and their parents, guardians or carers to ensure the relevant and required information regarding their medication is available to the service and the staff team working with them. This information is currently being gathered, this will be completed by 28/02/2025.
- Each service user who self-administers medication will store their medication in their own room in a locked cabinet. The service user will have a key to this and the staff team/management team will keep a spare in case of emergencies.
- The admissions document has been updated to ensure that medication bought into the service by service users who self-administer is documented at the time of admission. This includes a count of medication.
- A medication count will be completed at the time of discharge.
- Service user's prescriptions will be obtained for all residents who self-administer, this will allow staff to potentially prompt a service user to take their medication and ask them if it's been taken if required.
- The Local Medication Management Plan will be reviewed to provide clearer guidance for staff with regards to supporting service users who self-administer their medication. This will be completed by 10.02.25.
- The risk assessments for service users who administer their own medicines will be reviewed and this risk assessment will include criteria to guide staff on when and how to reassess the individual. Normally it is conducted on an annual basis, however, it will be also be reviewed if a persons' needs change, for example if they become ill, changes in

medication, etc.

- Going forward if concerns arise in respect of a resident who self-administers their medication, their risk assessment will be reviewed and revised / additional control measures will put in place if required.
- The daily notes have been updated to ensure staff confirm that service users have administered their own medication and confirm with service users that they have locked away their medication in the allocated locked cabinet in their bedrooms.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- All service user's needs assessment are currently being reviewed to ensure they accurately reflect current needs of each service user, these reviewed needs assessments will be used to inform support plans and risk assessments. This will be completed by 31.03.25.
- With regard to the specific needs of service users that were highlighted during the inspection, the service has made contact with their families and requested the required information from their medical practitioner to ensure the service is providing the required care.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- The Behaviour Therapist will review individual plans as required in the service to ensure that they clearly outline the proactive strategies that are being implemented by staff in practice, to support these residents. This will be completed by 28.02.25.
- If any additional behaviour support needs are identified through the review of service user needs or incidents in the service these residents will be referred to the Behaviour Therapist.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2025
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.	Substantially Compliant	Yellow	31/03/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre	Not Compliant	Orange	17/02/2025

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/03/2025
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their	Substantially Compliant	Yellow	28/02/2025

	behaviour.			
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