



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

## Issued by the Chief Inspector

Name of designated centre:	The White House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	10 December 2024
Centre ID:	OSV-0008781
Fieldwork ID:	MON-0044282

## About the designated centre

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

The centre is in the countryside and provides plenty of space inside and out for the residents to avail of. It provides community residential services for a maximum of five male and female adults. The designated centre is a two storey house which consists of a living room, kitchen/dining area, sunroom, a staff sleep office, and five individual bedrooms (two of which are en-suite). The centre is staffed by a person in charge, two team leaders and a team of direct support workers.

**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
Tuesday 10 December 2024	10:20hrs to 18:20hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were positive. Residents were receiving a service that met their assessed needs by a staff team who were knowledgeable in their support requirements.

However, some improvements were required and they will be discussed in more detail later in the report. They related to:

- ensuring communication plans guided staff to all applicable information
- to ensure contracts of care provided clear information and were not open to interpretation
- to ensure that the admissions process gathers all applicable information to assess compatibility of residents
- to ensure residents interests and leisure activities were further explored and supported.

The inspector had the opportunity to meet with four of the five residents that were living in the centre. They all said they were happy living in the centre. One resident said they 'loved it very much'. Another said that 'the house is a lovely place to be a part of' and that it is unique and special'. They all said that the staff were nice and treated them nicely. One resident said that the staff made them feel 'secure and treated with respect'. When asked if they felt safe in their home they all answered 'yes' and said if they had a concern or were not happy with something that they would tell a staff member.

Activities residents participated in depended on their interests. They included going out for walks, reflexology, and attending day programs. On the day of this inspection, one resident was observed to relax listening to music and wrapping Christmas presents that they had purchased for their family. Another went shopping for items they wanted to purchase, the third resident relaxed in the house until their parent arrived to take them on a home visit. The fourth resident went with staff to collect the fifth resident from school and they both went out for dinner together.

During the course of this inspection there were five staff on duty. The inspector observed the staff supporting residents in a professional and caring manner, and in accordance with their assessed needs. For example, the inspector observed when one resident became anxious, the staff spoke to them in a gentle and calm manner. They reassured them and supported them to redirect to another topic that wouldn't cause them distress. Residents were observed to freely move around their home and appeared comfortable in the presence of the staff supporting them.

The provider had arranged for staff to have training in human rights. A staff member spoken with communicated how they had put that training into every day practice. They communicated that they now had more of an understanding of a person's right to make unwise decisions and that it was their job as a staff member

to advise and they did not have the final say as the person themselves did. They gave an example of a person wanting to buy lots of treats in the shop and how they would advise them that they may feel sick with all the treats and that too much was not good for their body but that the resident could then decide following the advice.

The inspector observed the house to be nicely decorated which included decorations for the festive season and it was observed to be tidy. For the most part, the house was observed to be clean and in a good state of repair. The inspector observed minor issues that required repair and to be cleaned further and they were completed prior to the end of the inspect. Each resident had their own bedroom and their rooms had adequate storage facilities for personal belongings. There was a large wrap around garden and there was plenty of space for parking at the front of the house.

As part of this inspection process residents' views were sought through questionnaires provided by the office of the Chief Inspector of Social Services (the Chief Inspector). Feedback from all five questionnaires was returned by way of staff representatives supporting the residents to complete the questionnaires. Feedback from all five questionnaires was positive and all questions were ticked as 'yes' they were happy with all aspects of the service and the care and support they received. Two questionnaires had additional comments or elaboration recorded on the questionnaires. For example, one resident commented to say that 'staff work very hard to help people'. They also said 'staff had made them feel comfortable and supported them with decisions'. Another said "I love this house and the staff."

The inspector also had the opportunity to speak to one family representative in person who was attending the centre to collect their family member for a home visit. They communicated that it was a lovely house and the staff were very caring and pleasant. From what they had observed the residents were treated with respect. They felt the centre was well staffed and that the staff were very accommodating. They felt that some staff had built a personal relationship with their family member and had shown genuine concern if they had been unwell to which the family representative felt was lovely. They felt that staff were "on the ball" with the medical needs of their family member. They had no concerns at the time; however, they knew how to raise a concern if they ever were to have one. They felt that if there was a concern even if it was very small, it would be taken seriously once reported. They felt staff were doing their best. They felt that the person in charge was very good and had gone out of their way to make their family member comfortable and that they were very responsive. They felt that the centre was very well run and run in a homely manner.

At the time of this inspection there were no visiting restrictions in place and no volunteers were used in the centre.

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

## Capacity and capability

This inspection was announced and was undertaken as the first inspection following the registration of the centre.

The inspector reviewed the provider's governance and management arrangements and noted that, there were appropriate systems in place in order to ensure the quality and safety of the service. For example, there was a clearly defined management structure in place and a staff member spoken with was familiar with the reporting structure should they have a concern.

The inspector reviewed a sample of rosters and this indicated that there were sufficient staff on duty to meet the needs of the residents. In addition, there were systems in place to monitor and facilitate staff training and development. For example, staff were receiving formal probation meetings following taking up employment with the provider. Staff were observed to have access to training, such as medicines management.

While there were arrangements in place for admissions and contract for the provision of services some further improvements were required, for example to ensure contracts clearly guided the reader.

## Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. They were supported in their role within this centre by two team leads who worked on opposite shifts in order to ensure appropriate oversight within the centre.

The person in charge demonstrated that they were familiar with the residents' care and support needs. For example, they discussed with the inspector some of the additional support needs that residents had. For example, with regard to one resident's mental health support needs.

Three staff spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

## Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels and skill mix, were effective in meeting residents' assessed care needs. The staff on duty on the day of the inspection were observed to be respectful and knowledgeable. The four residents and the one family representative spoken with were very complimentary with regard to the staff team.

There was a planned and actual roster maintained by the person in charge and a team leader. A sample of rosters were reviewed over a three month period from September to November 2024. They indicated that safe minimum staffing levels were being maintained at the time of the inspection to meet the assessed needs of the residents. From a review of three staff members' induction documentation, the inspector observed that staff had received induction to the centre in order to have required information related to the organisation and the centre.

The inspector reviewed a sample of two staff members' Garda vetting (GV) certificates. Both were completed within the last three years which demonstrated to the inspector that the provider had arrangements for safe recruitment practices.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed the training matrix for all training completed. Additionally, the inspector reviewed a sample of the certification for five training courses for all staff. Those reviews demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles safely and effectively. Examples of the training staff had completed included:

- fire safety
- positive behaviour support training
- safeguarding adults
- understanding Autism
- diabetes management
- eating drinking and swallowing
- assisted decision making
- staff also received a range of training related to the area of infection prevention and control (IPC), for example hand hygiene.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed the supervision schedule in place and three staff supervision files. This demonstrated to the inspector, that there were formalised supervision and probation arrangements in place.



Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were appropriate governance and management systems in place at the time of this inspection. There was a defined management structure in the centre which consisted of two team leads, the person in charge and a director of service, who was the person participating in management for the centre. One staff member spoken with was familiar with the reporting structure of the centre and organisation.

There were management systems to ensure that the service provided was safe, consistent and monitored. A suite of audits were scheduled for different times throughout the year to assess the quality and safety of care and support provided to residents in the centre. For example, there were arrangements for annual reviews, six-monthly unannounced provider led visit reports, and other local audits, such as medication, fire safety, premises, and staff training.

From a review of the most recent team meetings minutes since the centre opened, they demonstrated that they were taking place monthly and that incidents were reviewed for shared learning with the staff team.

Judgment: Compliant

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

For the most part, there were suitable arrangements in place with regard to this regulation. For example, there were contracts of care in place that were signed. In addition, residents were supported to transition to the centre with the use of transition plans and had the opportunity to visit the centre prior to admission.

However, the inspector observed that some improvements were required to the admissions process. For example, to ensure contracts were accurate and clear in the information provided. There were contract of cares in place and from two residents' contracts the inspector observed they were signed by the residents themselves. However, the inspector observed that not all information clearly guided the reader with regard to all services provided and in relation to fees. This was discussed with the assistant director and the person in charge on the day. The assistant director informed the inspector that the residents in this centre did not pay fees; however, this was not clear in the contract. For instance, the contract stated 'that the following were included in the fees'; however, this was a misleading as no fees were being charged and contract did not state that. It was also not clear as to all services and facilities provided as per the residents' agreements, for example it was not clear

if utilities were included.

In addition, improvements were required to ensure that were possible prior to admission, that all applicable information was gathered prior to admission in order to support in the review of compatibility of residents and on-going suitability of the placement. For example, one resident's assessment of need prior to admission stated that they didn't like loud noises; however, a resident that was admitted after them had the potential to regularly make loud noises. Their assessment of need had not asked specific questions to gather information that could relate to that.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspection found that the residents were receiving a good standard of care that met their assessed needs. However, as previously stated some improvements were required in relation to communication, and general welfare and development.

While there were arrangements in place to support residents' communication and their general welfare and development, further improvements were required in order to fully support the residents in those areas. For example, to ensure communication plans guided staff with regard to how to know when a resident is in pain.

From a review of the arrangements in place for positive behaviour supports with included the use of restrictive practices, the inspector found that there were sufficient arrangements in place. For example, there were behaviour support plans in place as required.

The inspector reviewed the safeguarding arrangements and found that the provider had appropriate arrangements in place to protect residents from the risk of abuse. For example, staff completed daily financial checks of residents' money.

The inspector observed the premises to be tidy and in a good state of repair and decoration.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. The inspector also observed that there were suitable fire safety management systems in place. For example, regular practice fire evacuation drills were taking place in order to assure the provider that all residents could be safely evacuated if required.

## Regulation 10: Communication

The inspector observed that, for the most part, there were sufficient arrangements in place to facilitate residents' communicate for those that required support. For example, a speech and language therapist (SLT) referral had been made for one resident that was deemed would benefit from having their communication needs assessed.

From a sample of two residents' files, the inspector observed that there were communication plans in place to help support the staff teams' knowledge on how to be effective communication partners with the residents. However, the information provided in one plan did not thoroughly guide staff to all applicable information. For example, it did not guide staff to know when the resident was upset or in pain. It did not thoroughly guide staff towards all communication methods that they could attempt to support the resident when there were communication difficulties. For example, while it did mention that resident could accept written and verbal communication, it did not suggest for staff to ask the resident to write down what they are trying to say if they were not being understood. The inspector observed the person in charge to use that method on the day of the inspection and it was effective in supporting the resident to communicate what they were trying to say. However, from speaking with a staff member this information was not known to them due to this guidance not being recorded in the plan.

Additionally, from communication with a staff member and the person in charge, there were limited visuals available in the house that could facilitate one resident's communication. The staff member communicated that they felt the resident benefited from visuals.

When the inspector spoke with one family member and one resident they communicated that the staff used respectful communication in the centre and with the residents. Staff had received training in an 'introduction to communication' to support them in that area.

Additionally, the inspector observed that the residents had access to the televisions, phones and Internet within the centre.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

For the most part, the residents had access to opportunities for leisure and recreation in their home and in the community. For example, the inspector observed televisions in different areas, and colouring and craft items for residents to use in the centre.

From speaking with the residents and three staff members they believed the residents had opportunities for leisure activities of their choice and participated in a meaningful day. Residents were supported to engage in educational programmes,

for example day service programmes or finishing their final year in school.

The inspector reviewed the daily notes for two residents across one sample week which described the residents' daily recreation and activities that they participated in. From the sample reviewed, the inspector also observed on some days the activities that they participated in were limited in nature and it was not always clear from the records what activities the residents participated in. Additionally, there was limited evidence of activity sampling on offer to the residents in order for them to explore new interests.

From one residents' review it appeared that they only left the centre on two days for external activities to go either shopping for treats or Christmas presents. Other days they had a visit from a friend or they decorated the house for Christmas. On four of the days it was not recorded what activities they participated in while they remained in the centre.

The other resident had reflexology, went out twice for dinner, did baking, and went shopping for treats.

From a sample of two residents' goals reviewed, the inspector observed that they were also supported to develop goals for themselves to work towards. They included promoting physical activity, to learn to make friendship bracelets, and learn how to wash their clothes.

Judgment: Substantially compliant

## Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The inspector observed the premises to have all the facilities of Schedule 6 of the regulations available for residents use. For example, residents had access to cooking and laundry facilities.

The premises was found to be aesthetically well kept and for the most part it was found to be in a state of good repair and clean. However, the inspector observed that some areas required a more thorough clean related to some bathrooms and they were cleaned prior to the end of the inspection and a plughole required repair which maintenance would have replaced in the days post inspection. The person in charge confirmed that going forward they will be more conscious to observe for those areas.

Each resident had their own bedroom with sufficient space for their belongings. The inspector observed that there was adequate communal space in the centre for the residents. For example, there was a conservatory off the dining area for additional space for residents to use. There was a separate sitting room that could be used for residents to have visitors in private.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were suitable systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available. There was a risk register in place and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, when a resident refused to leave during a fire drill a risk assessment was conducted with control measures listed to help prevent re-occurrence.

The provider had arranged for the centre to have the water supply tested prior to and following the opening of the centre in order to ensure the water quality was suitable for use.

The inspector observed that from a sample of one the centre's vehicles, that it was serviced, taxed, was insured and had an up-to-date national car test (NCT).

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

The inspector reviewed a sample of four of the residents' personal emergency evacuation plans (PEEP). They were observed to be up to date and provided information to guide staff on evacuation supports residents may require. Periodic fire evacuation drills were taking place which included when new staff joined the team or when new residents were admitted. The inspector reviewed the documentation of the last seven drills and they included an hours of darkness drill. This demonstrated to the inspector that the provider could safely evacuate all residents with minimum staffing levels that would be on duty.

From a review of the fire safety folder, the inspector observed that the staff team were completing regular checks of different fire safety aspects, for example daily inspections of escape routes.

One fire containment door would not fully close by itself on the day of the inspection. The assistant director arranged for the external contractor to attend the centre and fix the door with evidence shown to the inspector.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector observed there were appropriate arrangements in place with regard to this regulation. There was an assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform plans of care. For example, there were hospital passports in place to guide hospital staff should a resident need to attend hospital, there was a feeding, eating and drinking plan, and a diabetes management plan in place as required. Two staff spoken with in relation to care plans were familiar as to the pertinent information in order to appropriately support the residents as per their assessed needs.

From a review of a sample of two residents' assessment of need documents and care plans, they demonstrated that multidisciplinary professionals were involved in the development of care being provided. For example, an occupational therapist (OT), psychologist and behaviour support specialist were all observed to have been consulted. Care and support was observed to be provided in line with their care needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector reviewed the arrangements for positive behavioural support and found them to be appropriate for the residents. When required, residents had access to a behaviour specialist to support them to positively manage behaviour that may cause distress to themselves or others. For example, there were behaviour support plans in place as required to guide staff as to the best way to support a resident when they were experiencing distress. From a sample of two residents' plans, they were observed to contain sections on possible triggers, proactive strategies, reactive strategies and the recovery phase.

There were systems in place to ensure that where restrictive practices were used, for example bed rails or specific seating positions used in the vehicle, that there was governance over these practices to ensure that they were necessary and appropriately used. For example, there was a restrictive practice log maintained. Consent was sought from the residents for the usage of the practices and the staff used social stories to support residents' understanding of the practices.

Judgment: Compliant

## Regulation 8: Protection

There were suitable arrangements in place to protect residents from the risk of abuse. For example:

- there was an organisational adult safeguarding policy in place last reviewed April 2024
- staff had training in safeguarding, and
- there was a reporting system in place with a designated officer nominated for the centre and staff were familiar as to the reporting structure for concerns.

It was found that concerns or allegations of potential abuse were reviewed, reported to relevant agencies, and where necessary, a safeguarding plan was developed. In addition, one staff member spoken with was clear on what to do in the event that there was a safeguarding concern.

From a sample of one resident's finance documentation, the inspector observed that their finances were checked by two staff daily and each time money was spent to ensure their money was accounted for and safeguarded. In addition, the inspector conducted a count of one resident's money and found it matched the balance sheet that was in place.

Residents' meetings were occurring and discussion topics included restrictive practices, advocacy, and safeguarding in order to support residents to have an understanding on how to safeguard themselves.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for The White House OSV-0008781

Inspection ID: MON-0044282

Date of inspection: 10/12/2024

## 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>Contracts of care have been reviewed and amended to ensure they reflect clear and accurate information regarding fees and the services and facilities provided as part of the residents' agreements. The contracts clearly outline any fees that may be charged to residents in the centre. A plan to roll out the latest version of contract of care organisationally is being developed.</p> <p>The service acknowledges the importance of gathering comprehensive information prior to admission to support compatibility and ensure ongoing suitability of placements. The admissions team has been provided with detailed feedback from the inspection to enhance their processes. A review of pre-admission assessments has been initiated to include specific questions that address potential compatibility factors, such as sensitivity to noise or other environmental factors. These measures aim to strengthen the admissions process and provide clarity and transparency in our contracts of care, aligning with the inspector’s recommendations.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>A review of communication supports has been completed. The resident identified as requiring additional visual and communication supports was assessed by the service’s speech and language therapist (SLT) on 09/01/2025. Following the SLT assessment, plans have been initiated to evaluate the resident. The communication plan for the</p>	

resident mentioned has been updated to include more thorough guidance for staff. Staff are now guided to use a variety of communication methods which support the resident with their communication support needs. These updates have been disseminated to all staff members within the centre to ensure consistent and effective communication support. Additional visuals have been introduced within the centre to facilitate communication for all residents identified as benefiting from these supports. These visuals are now being used actively by staff to enhance communication and engagement.

Regulation 13: General welfare and development

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

Post-inspection an interest checklists have been completed with all residents in the centre to ensure their preferences and interests are clearly identified and considered. Activity sampling has been introduced as a standing agenda item during weekly resident meetings, providing residents with regular opportunities to explore new interests and hobbies. The person in charge (PIC) has held a staff meeting to emphasise the importance of comprehensive and accurate recording of residents' completed activities. Staff have been reminded to document daily activities clearly and consistently, ensuring that all activities, including those occurring within the centre, are recorded in detail. The PIC will review the recording of residents' activities on an ongoing basis through the EpicCare system to ensure accuracy and completeness. Regular checks will identify any gaps and provide opportunities for corrective action where necessary. Residents continue to be supported through weekly keyworking sessions in setting and achieving personal goals. Progress toward these goals will be documented as part of their activity records, ensuring that their development is monitored and recorded appropriately.

## 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	09/01/2025
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	09/01/2025
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests,	Substantially Compliant	Yellow	14/01/2025

	capacities and developmental needs.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/01/2025
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	31/01/2025