



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

Issued by the Chief Inspector

Name of designated centre:	Castlelyons
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	16 January 2024
Centre ID:	OSV-0003504
Fieldwork ID:	MON-0033589

About the designated centre

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

This designated centre is comprised of three houses and an apartment which are all located one site in a suburban area of West County Dublin. It provides 24 hour residential support services for up to 10 persons with intellectual and or physical disabilities. The staff team is comprised of a person in charge, a clinical nurse manager, social care workers, staff nurses and health care assistants. There is a total staff team of 13.82 full time equivalents in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 16 January 2024	09:30hrs to 16:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Castlelyons. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's certificate of registration. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The designated centre consists of three houses and one apartment based in a residential housing estate in Co. Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The inspector found that the centre was equipped to meet the individual needs of each resident. The centre had a communal garden area shared between each of the houses. The garden was furnished with table and chairs and benched areas that residents had assisted to paint. The inspector observed that the garden walkway area and pathway outside of the designated centre had been sprinkled with salt due to the current cold weather and ice conditions. The centre was decorated in line with each residents tastes, however it was observed that each house and the apartment in the designated centre required paint work. This view was also expressed by residents through their residents meeting and through discussion with the inspector. The provider had a schedule of works in place for the completion of the identified work required to the premises. The inspector observed that the premises had been adapted to meet the needs of residents for example the kitchen area was adapted to meet the needs of one resident to further enhance their independence.

The centre had the capacity for a maximum of ten residents, at the time of the inspection there were eight residents living in the centre with two vacancies. The inspector had the opportunity to meet five of the residents during the course of the inspection. In addition, all residents living in the designated centre had completed the questionnaires in relation to support in the centre prior to the inspection. Residents received assistance from staff in completing the questionnaires. Overall, the information in these questionnaires presented that residents were happy living in their home. However, two residents noted that at times access to the bus assigned to the centre can be limited. One resident discussed this further with the inspector during the course of the inspection.

The inspector completed a walk-around of the centre with the person in charge. The inspector observed residents relaxing in their home after their breakfast. One resident told the inspector that they greatly enjoy meals in their home, were they sit with other residents and staff to enjoy a meal together. Each house in the designated centre was found to be kept to a high standard of cleanliness. The centre was home to a pet dog, the inspector spoke to one resident during the walk-

around. The inspector observed the resident taking care of the pet, changing their water bowl with fresh water and placing out food for the day. The resident told the inspector that the pet was a big part of their life and the centre and everyone helped to ensure the pet was well looked after at all times. The resident was attending their local day service and later informed the inspector that staff would ensure that the pet was walked and got water when they were out at day service.

The inspector spoke to one resident who told the inspector that they love living in the centre. That staff are always supportive to them when they make a decision. The inspector asked the resident what kind of decisions they are supported in, the resident told the inspector that for a number of years it had been their wish to visit their native hometown in County Roscommon and rent a small bungalow. The resident told the inspector that the bungalow was a very important piece of the visit as they wanted to stay somewhere that was similar to their family home. The resident spoke to the inspector about their life as a small child and helping out with turf cutting. The resident said they put a lot of their strength in recent years down to the hard work they had carried out as a child and young adult. The resident was now retired from day service and availing of community activities and drop in sessions. The resident informed the inspector that they were very happy with the support they received and enjoyed their home, however they discussed the need for additional transport in the centre. The resident with the support of staff discussed that there were times when transport was required for hospital appointments for peer members and was not always available for community access until the transport returned. The resident discussed their need for accessible transport due to mobility constraints and that due to their mobility needs public transport was not always accessible.

It was evident that residents enjoyed a good quality of life that was person centre. Residents were provided with a personal plan. The plan detailed their needs and outlined the supports they required to maximise their personal development. Meaningful activities and engagement were considered throughout the care and support plans reviewed by the inspectors. However, residents identified both through the questionnaires and through discussion with the inspector during the course of inspection that some social outings could be effected due to the centres transport. The centre had access to one vehicle. The vehicle assigned for the centre's permanent use had limited access for wheelchair users, with the transport in place only accessible to one wheelchair user at a time. The centre currently supported four residents who required the use of a wheelchair during social activities. The inspector observed that the person in charge and the staff team ensured that residents were able to access the community as much as possible in line with their preferences; ensuring to avail of public transport and the providers central transport arrangements.

One resident told the inspector that they like to "do as I please in my home" and that the staff team are wonderful. The resident spoke to the inspector on return from day service. The resident was making their lunch in the kitchen and spoke to the inspector about their interest in football and that they regularly go to matches. The resident informed the inspector that their house required painting and that staff had put the cost of the painting to management. The inspector observed the

resident and staff laughing over lunch and talking about up coming plans and television shows. The resident spoke to the inspector about their love of labelled fashion, that people would not see them out unless they had were looking their best.

The inspector spoke to one resident who had recently moved to the centre. The resident informed the inspector that the move had turned out really well for them. That they have made some good friends in the house they are living in. The resident had recently celebrated a milestone birthday and had enjoyed a party with friends and family. The resident told the inspector that they like to relax after their morning routine and complete knitting. The resident was currently making a blanket with multiple patterns. The resident told the inspector that they enjoy some down time after knitting and then attend activities of their choice later in the day.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and their wishes. The inspector found that the support staff were striving to ensure that residents lived in a supportive home and were consulted in the running of the centre ensuring that each resident played an active role in the decision making within the centre and within all aspects of their care. The inspector found that staff had completed training in human rights and were actively implementing this training into their everyday practices. Staff spoken to on the day of the inspection discussed the impact the training had on their work with residents. Staff spoke of the importance of having a full understanding of the principles of human rights and also the importance of the assisted decision making- capacity act. Staff noted that since completing the training they actively incorporate the FREDA principles into residents meeting by taking one principle at residents meeting and reflecting on what this means for each resident and the service they receive. One staff discussed with the inspector that following discussion with one resident they commenced the "Think Ahead" document, this document assists the resident in future planning decisions around their care. The staff member spoke of the number of positive effects it had on the resident and also how it had encouraged the staff to identified required needs for residents during the aging process.

The next two sections of the report present the findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. Overall the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with strong local

governance and management supports in place.

The inspection was facilitated by the centre's person in charge and they were found to have a good understanding of the resident's care needs and of the services and resources which were in place to support those needs. The inspector found that the person in charge had the relevant qualifications, skills and experience necessary for their role.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six monthly reports, plus a suite of audits had been carried out in the centre. The registered provider had ensured that the views of residents and their representatives had been sought as part of the centres annual review. The person in charge had a Quality Enhancement Plan in place for the centre which incorporated the recommendations from audits and inspections completed within the designated centre, which were found to have clear time frames and actions.

The inspector found that the centre was resourced to meet the assessed needs of each resident and that the staff team had incorporated a high level of local auditing systems to ensure the safe provision of service to residents. A planned and actual roster were maintained for the designated centre. A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. The inspector found that the staff team had completed training in human rights and they used this training to further enhance the residents quality of life and providing residents with education and greater understand of their rights in all aspects of their care.

As part of their governance for the centre, the registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies were readily available for staff to access. The inspector viewed a sample of the policies, including the policies on safeguarding, positive behaviour support, communications, residents personal property and finances, and food safety; and found they had been reviewed within three years of approval.

Residents each had a contract of care that outlined the terms on which they would reside in the centre, each of these contracts had been reviewed and signed by residents and representatives. However, the inspector found that the accessible version of residents contract of care used to assist resident when reviewing the terms differed from that in the signed contract of care. For example, the accessible contract of care noted that the cost of heating and electricity was covered in the residential charge for each resident. However, this was not the case for residents in the designated centre and the signed contract of care stated that gas and electricity

was an additional charge levied on residents after their residential care charge. Support staff in the centre had assisted residents to apply for rent allowance and grants for heating and electricity. The inspector reviewed a selection of residents accounts and found they had access to their own money and were using their finances as they chose. Residents also had support from social work and external advocates in relation to financial management and decision making.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1. The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had suitable arrangements in place for the management of complaints. An accessible complaints procedure was available for residents in a prominent place in the centre. There was evidence that complaints were discussed at weekly resident meetings and that residents had been assisted to make complaints which were completed to the residents satisfaction. There was also evidence that residents had been supported to access external advocacy services when required.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs.

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided. There were actual and planned staff duty rosters maintained which clearly communicated the start and finish times of shifts, the names of staff members on duty along with their job titles.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate mandatory training to ensure staff met the assessed needs of the residents. In addition, staff had completed training in human rights. At the time of the inspection the person in charge informed the inspector that two staff were due to complete refresher training in one module of first aid and there was a plan in place to address this. The inspector found that there were satisfactory arrangements in place for the supervision of the staff team.

Judgment: Compliant

Regulation 21: Records

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up-to-date.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was adequately resourced to meet the assessed needs of the residents. The provider and person in charge were ensuring oversight through regular audits and reviews. There was evidence that actions identified as a result of audits and management meetings were progressed in a timely manner and that they were being used to drive continuous service improvement.

The provider had completed unannounced visits to the centre. The provider had carried out an annual review of the quality and safety of the centre, the annual review included consultation with residents, families and staff members and identified areas done well, and plans for the year ahead. The provider had issued questionnaires to resident representatives in relation to the quality and standard of care received by their loved ones in the designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that applications for admission to the centre were carried out in accordance with the statement of purpose. The inspector reviewed residents admission plans and found the process to consider the wishes, needs and safety of the individual and the safety of other residents currently living in the centre.

The inspector found that all residents had a written contract of care in place and were signed by residents and their representatives were required. However, the inspector found that the accessible version of residents contract of care used to assist resident when reviewing the terms differed from that in the signed contract of care. Items stated to be covered within the residential care charge in the accessible document differed from the signed agreement by residents as previously detailed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was current and accurately reflected the operation of the centre on the day of inspection

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. The person in charge and staff team discussed complaints regularly with residents through residents meetings. Residents spoken to on the day of the inspection discussed that they knew how to make a complaint and who their complaints should be directed to. Residents had access to external advocates should they require their support.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector found that the policies had been reviewed within the three years of approval.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that

the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner. However, residents identified that they required improvements to the centre's transport which was adapted to facilitate one resident with mobility needs at any time.

The provider had ensured that residents retained control of their personal property; residents had their own items in their homes and these were recorded in a log of personal possessions. Residents were supported to manage their finances as independently as possible with support in place for each resident who required assistance with financial management.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The person in charge had complete a review of positive behaviour support plans with residents and multidisciplinary support in order to identify where support needs are required or could be discontinued. The inspector found that the person in charge was promoting a restraint free environment within the centre. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. There was an emphasis on supporting residents with life-skills including money management, medication management, use of public transport and rebuilding skills post pandemic. The inspector observed that residents took pride in the running of their home, supporting their pet dog and advocating on behalf of themselves and others in the providers resident lead advocacy group Speak Up. Additionally, staff had undertaken training in human rights and staff who met with the inspector stated that this had a positive impact on the provision of care.

The person in charge was endeavouring to support residents develop and maintain personal relationships and links with the wider community in accordance with their wishes. Residents in the centre were supported to attend day service with one resident choosing to retire. The inspector found that a review of the transport arrangements in the designated centre was needed to ensure that there was a fair and transparent criteria around the arrangements and in particular, that residents were facilities for occupation and recreation as much as they chose to. The inspector found that at times hospital appointments for residents impacted the availability of the centres transport for other residents. The person in charge and staff team endeavoured to ensure that the providers central transport or a form of public transport was available during these periods.

Families played an important part in the residents' lives and the person in charge and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. Residents enjoyed activities such as cinema, football matches, concerts, musicals, going for walks and attending their local day service.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was an up-to-date policy on risk management available, and risk assessments had been prepared to support residents' safety and wellbeing.

The provider had taken measures to protect residents from abuse. There were safeguarding measures in place to ensure that staff providing intimate care to residents did so in a manner which was in line with residents' personal plan and respected their right to dignity and bodily integrity. All staff had completed training in safeguarding and Children First.

Regulation 12: Personal possessions

The provider and person in charge had ensured that all residents had access to their personal items. Their artwork and personal mementos were displayed throughout their home which presented as individual to those who lived there.

The provider had ensured that residents retained control of their personal property and received support to manage their finances in accordance with their abilities and preferences. The inspector found evidence of residents being supported by external advocates in supporting their financial decisions.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was found to be kept to a high level of cleanliness. The provider had identified that the centre required paint work to communal areas and residents bedrooms and had developed an action plan for the completion of works for each house within the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies. There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned..

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. Residents had also been assessed to manage their own medicines This was reviewed regularly with residents in line with their preferences. Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that arrangements and procedures were in place to protect and safeguard residents from abuse. The arrangements and

procedures were underpinned by a policy on safeguarding residents.

Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with about decisions that impacted them and were involved in their personal plans and goals. Residents were also involved in the running of their home and participated in weekly resident house meetings. Items on the agenda included; menu planning and grocery shopping, activities, human rights, fire safety, complaints, goals, finance, supported decision making and health and safety. Additionally, staff had undertaken training in human rights and staff who met with the inspector stated that this had a positive impact on the provision of care. A number of residents formed part of the providers advocacy group "Speak up", attending regular meetings and conveyed the information discussed at the meetings to peer members and staff. However, the inspector found that some improvement was required to the centre assigned transport in order to ensure greater accessibility for each resident in the centre. The vehicle assigned to the centre for full time use had accessible support for one resident with mobility support requirements at one time. The centre currently had four residents that required additional mobility support such as the use of a wheelchair when on transport.

Judgment: Substantially 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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Castlelyons OSV-0003504

Inspection ID: MON-0033589

Date of inspection: 16/01/2024

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>The Person In Charge has reviewed the folder and ensured the most updated version of the accessible Contract of Care is in place. He has ensured both terms are correct and consistent. The changes in the accessible version have been discussed with the residents.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>All staff are reminded of complimentary transport availability through the booking system in the Wellness Centre. There is accessible public transport within less than 5 minutes walking distance from the centre. Peamount Healthcare support with taxi costs to medical appointments if the centre vehicle or Peamount transport is unavailable. There is scope to borrow vehicles from other centres when not in use. There is an additional vehicle in the Wellness Centre that can be booked.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	10/02/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	29/02/2024