



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 17
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	18 December 2023
Centre ID:	OSV-0002717
Fieldwork ID:	MON-0033272

## About the designated centre

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

This designated centre comprises of a detached bungalow in a residential estate in a small village in Co. Kildare. The centre accommodates two male residents aged between 18-65 years with an intellectual disability. The bungalow consists of a kitchen with dining area, a sitting room, three bedrooms one of which is en-suite and two bathrooms. There is a garden to the back of the house and there are two vehicles available to residents in this house. The person in charge works full-time in this house. There is one social care worker, two care assistants and one facilitator employed in this centre.

**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
Monday 18 December 2023	10:30hrs to 16:30hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

This designated centre is comprised of a detached bungalow in a residential estate in a small village in County Kildare, which is registered for a maximum of two residents. The two residents had lived together for many years, and both required an autism-aware service that could respond to the sensory and environmental requirements of both residents.

As part of this inspection, the inspector met with the two residents living in the centre, staff, the person in charge, and the person participating in the management of the centre (PPIM). The inspector observed practice and reviewed documentation such as personal care plans, health plans, medical and clinical information, behavioural support plans, accident and incident records, meeting minutes, policies and procedures, governance and management documentation, staff training records, residents' financial documentation and records. In addition, the inspector completed a full and thorough inspection of the premises. The inspector found that residents enjoyed a good quality of life and that the centre was resourced to promote residents' safety, personal development and community access.

On arrival to the centre for this announced inspection, the inspector was greeted by a staff member and the person in charge. One resident was relaxing in the living room, whilst the other resident was out with staff. Both residents received a wrap-around service in their home instead of attending formalised day services as this was their expressed preference. Each resident had the support of one staff member each day, which facilitated them to engage in activities of their choosing. While it was reported that residents got on well living together, it was also important for residents to pursue their own individual interests separately. This was further promoted by the centre having two vehicles, which allowed residents to maintain their routines independently of each other.

The inspector noted from a walk layout of the environment and observation of residents that the layout of the house also supported residents in spending time together and also apart in separate living spaces depending on their preferences.

The inspector found the person in charge and staff knew the residents very well and informed the inspector that residents' rights, dignity and consultation were important and treated as such within the designated centre. While the inspector had the opportunity to briefly meet with the two residents, due to their communication needs, neither engaged directly with her about the care and support they received. One resident demonstrated that they did not feel comfortable with the inspector being in their living space, and this was respected. However, residents presented as very comfortable and content on inspection in the presence of staff.

Many of the staff working in this centre had done so for many years and were familiar with the residents and their assessed needs. This had a positive impact on residents, as it provided them with continuity of care by ensuring they were

consistently supported by staff who knew them well.

In order to support the centre's staffing arrangement, relief staff were used to meet the needs of this service at times of leave. To ensure residents were not impacted by this, the person in charge had ensured that only regular relief staff, who were familiar with the service and the needs of residents, were allocated to provide this additional support. The inspector had the opportunity to speak with one staff member. They were found to be very knowledgeable of residents' assessed needs and spoke respectfully about residents' preferred daily routines. Of the interactions observed by the inspector, staff interacted in a friendly and respectful manner with residents.

The inspector found that residents partook in social outings that reflected their needs, interests and capacities. Residents had good opportunities to achieve goals that were being continually reviewed and updated by staff and the person in charge. The inspector noted photography, making homebrew beer, bowling, golf, going to the pub, and dining out as activities that were regularly evident in residents' lives.

As this inspection was announced, feedback questionnaires for residents and their representatives were sent in advance of the inspection. Staff supported residents in completing the questionnaires. Their feedback was positive and indicated satisfaction with the service and facilities provided in the centre.

Overall, the inspector found that there was a high level of compliance found on this inspection, and the provider had addressed previous areas of non-compliance.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This announced inspection was carried out to inform a registration renewal decision. The designated centre was registered until June 2024 and had last been inspected by the Health Information and Quality Authority (HIQA) in March 2022. While that inspection did find levels of compliance in some areas, it did identify that improvements were required in the governance and monitoring of the centre to address failings under risk management, fire safety and personal plans. This inspection found increased compliance across these regulations and strengthened oversight and auditing systems that effectively reviewed the quality and safety of care in this centre.

The person in charge informed the inspector that they attended structured management meetings within the organisation on a monthly basis that gave opportunities for shared and peer learning. The inspector was satisfied that good

lines of communication and support existed between the person in charge and the provider's management structure.

Since the previous inspection, the governance and management structure within this region had been strengthened. Due to the large number of services operating in the region, the provider had appointed a third area director. This new area director was nominated as the PPIM for this centre and commenced the post in January 2023. They were a clinical nurse manager who was also met with as part of this inspection.

The inspector found that clear lines of authority and accountability were present, with staff members expressing satisfaction to the inspector with governance and management systems in place. The inspector was satisfied that the person in charge was appropriately engaged with the governance, operational management and administration of the designated centre and met regulatory requirements in this regard. The inspector reviewed the staff supervision arrangements and found performance conversations were happening with staff, in addition to regular meetings occurring within the designated centre.

There was a supervision schedule in place for all staff. Staff meetings took place monthly in the centre and were facilitated by the person in charge. The inspector reviewed a sample of staff meeting minutes. There was a standard agenda in place, as well as an individual agenda for each resident to be discussed. Topics referenced the day-to-day management of the centre and both the needs of residents and the staff team. Residents' goals and recent achievements were also discussed. Regular staff meetings and consistent management presence in the centre provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents.

From a review of rosters, the inspector saw there was a stable staff team in place, which promoted consistent care and professional relationships. It was also highlighted to the inspector that having familiar staff was particularly important in this house, given the assessed needs of the residents. The rosters demonstrated that the needs of residents were prioritised in this regard.

#### Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal was submitted to the Office of the Chief Inspector within the required time-frame. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

#### Registration Regulation 7: Changes to information supplied for registration purposes

The person participating in the management of the centre had changed following the provider's initial application to renew registration. The provider submitted a notification, as required, to inform the Chief Inspector of this change of stakeholder. All required information for this notification was received in line with the required timeframes.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was employed on a full-time basis, and had the skills, qualifications, and experience necessary to manage the designated centre. The person in charge had worked in the centre for many years and demonstrated a rich understanding of the residents' needs.

The person in charge had eight supernumerary hours a fortnight to conduct their managerial responsibilities. This had increased since the previous inspection when they had six hours. The inspector did not find these hours negatively impacted the centre's governance and discussed the importance of keeping this arrangement under review for effectiveness at the feedback session.

Judgment: Compliant

### Regulation 15: Staffing

The centre had a staffing whole-time equivalence (WTE) of five staff members. The staff consisted of social care workers, support workers and an instructor. Staff in the centre had worked together with residents for several years and were well-known to residents. While there were no vacancies in the centre, 30 hours a fortnight were also covered by two permanent relief staff and one agency staff member. Again, due to the assessed needs of residents, these three non-core staff built good relationships with the residents due to the length of time they had supported the roster in the house.

Throughout the day, staff who spoke with the inspector demonstrated a clear understanding of the residents' needs and were knowledgeable of policies and procedures related to the general welfare and protection of residents living in this centre.

Judgment: Compliant



## Regulation 16: Training and staff development

Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings regularly took place, which provided staff with opportunities to raise any concerns they may have. The provider had sufficiently resourced the centre to ensure the effective delivery of care and support.

Staff were provided with one-to-one supervision meetings by the person in charge in line with provider policy. These meetings were provided to assist staff in performing their duties to the best of their ability when supporting residents.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff to ensure the delivery of quality, safe and effective service for the residents. Some gaps were present in the matrix, but follow-up information from the person in charge post-inspection confirmed that all training had been completed and was in date.

Judgment: Compliant

## Regulation 21: Records

All documentation and records requested during the inspection process were made available to the inspector. These included the centre's statement of purpose and residents' personal plans.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector was satisfied that good oversight and governance arrangements were in place regarding the operational management of this designated centre. The inspector examined the compliance plan submitted by the provider to the Chief Inspector following the previous inspection and found actions had been appropriately addressed.

The provider had ensured that this centre was adequately resourced to meet the objectives as set out within the statement of purpose. The inspector found that the designated centre had suitable facilities, staffing and transport resources in place to meet the assessed needs of residents. The inspector found, based on the evidence available on this inspection, that residents were provided with a good standard of care that was supported by the provision of appropriate resources throughout the

designated centre.

Aside from this, the provider had established monitoring systems to maintain oversight of risk in the centre. These included completing six-monthly unannounced visits to the centre and annual reviews. The inspector reviewed the last completed six-month announced visit report from November 2023 and found detailed action plans, with appropriate time frames, had been put in place to follow up on any improvements needed. The six-monthly tool was also used to track the progression of previously identified actions, ensuring good oversight of quality improvement initiatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose that accurately outlined the service provided and met the regulations' requirements. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available, including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was fully aware of their regulatory responsibilities regarding notifications and had a comprehensive list of all notifiable events in the designated centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented and reviewed within the prescribed time frame. At the time of the inspection, the policy for personal possessions was under review to incorporate changes in legislation and best practice.

Judgment: Compliant

## Quality and safety

The inspector found that the residents living in this house enjoyed a good quality of life, whereby they were supported by staff to regularly access the community and engage in activities of their choice. Residents maintained strong connections with their families, and along with receiving visitors into their home, residents were supported to go and visit family and friends. The inspector identified that additional actions were required within residents' personal possessions, fire evacuation and training in positive behavioural support in order to achieve full compliance with the regulations.

The house had sufficient living space for two residents, containing a large kitchen with a dining area and two separate living rooms. There were adequate bathrooms and toilets which were equipped to cater for the needs of residents. There was a garden and outside space to cater for outdoor activities in the summertime. A pergola had been erected during COVID-19 to allow for outdoor visits and activities. The garden also included a number of raised beds for growing vegetables and herbs, which supported one of the residents' interests in gardening.

There was good record keeping at a local level regarding any money belonging to residents that was received or spent while in the centre. The financial accounts of residents who received the provider's support with their financial affairs were managed centrally by the provider. A recording sheet was in place for all residents' personal property, but this was not updated at the time of the inspection to reflect all purchases.

The inspector reviewed the systems in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff and evacuations, with each resident having an individual fire evacuation procedure. While fire drills were occurring, these had occurred less than stated in the provider's fire safety policy and plans. The inspector reviewed the maintenance and servicing records for the detection, alarm, and fire equipment. Some of these records were missing from the centre but were located and confirmed completed post-inspection.

The inspector found that practices regarding behaviours of concern were appropriately managed and reviewed and were applied in accordance with evidence-based practice. For example, the ongoing review of all restrictive practices within the designated centre. The inspector found staff were knowledgeable in terms of behaviours of concern; however, some improvement was required to ensure all staff were appropriately equipped to manage same through formalised training.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The person in charge

maintained a risk register for the designated centre, which identified the active risks in the house and the respective measures in place to mitigate any potential impact. This contributed to the management and review of any risks in the centre as it was noted that incidents that had happened in the centre were taken into account when reviewing risk assessments for individual residents and the centre generally.

The residents' healthcare needs were well met in the centre. Residents had access to medical practitioners, dentists, and other health and social care professionals as required. Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as required by the regulations. Personal development goals outlined what each resident wanted to achieve each month. These goals were personal to the residents and reflected their interests and what was important to them. The monthly review records for residents evidenced that residents were being supported to progress with and achieve their goals.

### Regulation 11: Visits

Residents were supported to welcome visitors in their home and were equally supported to have home visits. The layout and facilities of the designated centre offered residents to have the opportunity to meet with their visitors in private, if they so wished.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector was informed that the resident's monies were managed centrally in a provider account (Patient Private Property Account PPPA) and that a 'Money Request Form' was completed and submitted on behalf of residents when they needed money, which was then collected by staff at the provider's head office on a set day. The inspector was aware that this process was improved in recent months following the findings of another inspection in another designated centre of the provider, where residents were experiencing delays in accessing their funds. Requests were now completed weekly instead of fortnightly.

Records of resident's personal possessions were also in place to assist in ensuring that their property was safeguarded. However, upon review of these records, the inspector found these had not been updated since June 2022. This required review, in particular, as the purchase of house and garden items had been made in this time, which were not clearly identified as belonging to an individual resident.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

The inspector found that residents were promoted with appropriate opportunities to develop and maintain family and personal relationships within the designated centre. The inspector found that residents had appropriate contact facilitated with their families, including visits, overnight stays and ongoing phone contact. The inspector noted residents were well-linked with their surrounding community through attending the village church, GAA club and local eateries. Residents had a variety of activities, such as golfing, bowling, going to the cinema, and dining out. The inspector viewed photographs and progress notes showing residents participating in these community-based activities.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. Each resident had their own bedroom, which was decorated to reflect their interests, including items of personal significance and photographs of family and friends. Photographs of residents were displayed throughout the house, including a resident's handmade pottery on show in the sitting room.

There were three bathrooms, and although they were available to both residents, each resident chose a specific bathroom that they preferred to use as their own.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge and other staff were aware of risk management procedures in the centre. Risk assessments were carried out where issues were identified. For example, the inspector read appropriate risk assessments pertaining to behaviours of concern, such as self-injurious behaviours and lapsed training.

A system was in operation for the recording and review of incidents that occurred in the centre. Incidents that had happened in the centre were taken into account when reviewing risk assessments. A sample of risk assessments read by the inspector had been recently reviewed, and measures to reduce the likelihood of the risk occurring

were outlined.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire systems were provided for the centre, with maintenance checks carried out by external contractors to ensure that they were working effectively. Fire drills were occurring in the house, and the outcome of these gave assurances to the provider that in the event of a fire, staff could support the residents in evacuating the centre in a timely manner. However, the frequency of the fire drills required review to ensure they aligned with provider policy.

Following on from the last inspection, the provider had attended to remedial works that were required for the exit doors in the centre, taking into consideration fire evacuation requirements.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that residents received good quality of support and care, which was focused on supporting residents to live independent lives of their choosing. There was good evidence of residents' social care needs and community involvement being met and reviewed. The house had been allocated two full-time vehicles to accommodate residents attend one-to-one social activities.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, aspirations, the important people in their lives, and daily support needs, including communication abilities and preferences, personal care, healthcare and other person-specific needs such as behaviour support plans.

Good oversight was maintained at the provider level of the results of audits of personal care plans to ensure they were kept up-to-date and current.

Judgment: Compliant

### Regulation 6: Health care

The inspector noted updated personal plans that included involvement from relevant professionals where required. For example, psychiatry, psychology, podiatry, and chiropody involvement were noted on the residents' plans who required these services. The inspector found that all residents had good access to a multi-disciplinary team and received the required intervention where and when required. The inspector found residents' appointments were regularly checked, facilitated and recorded. The inspector found staff were knowledgeable regarding individual residents' health needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents living in this centre required the support of psychology services and had positive behavioural support plans in place to guide staff in implementing a consistent approach to behaviours of concern. Staff spoken with, detailed, very clear knowledge of residents' behavioural needs, triggers, impact, and organisational developments of restrictive practices. Staff contributed and participated in psychiatry and psychology reviews of residents, having known residents as well as they do and advocated on their behalf.

The inspector reviewed a positive behavioural support plan, which had recently been updated. The plan was informed by an appropriate professional and comprehensively guided staff in the delivery of care for each resident.

Some improvement was required to ensure that all staff were afforded training relating to behaviours of concern to enable staff to provide care that reflected evidence-based practice.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Where residents had specific behavioural support needs, staff were cognisant in planning social activities for these residents, ensuring activities were meaningful and of benefit to them. Residents received a service tailored to their individual needs and preferences. They were encouraged and supported to exercise choice and control while living in the centre.

Residents chose to have their day service delivered from their own home, and this was accommodated by the service. Residents liked having a regular staff team who know them well for their wellbeing and social engagement. The use of agency and relief staff was therefore kept to a minimum, and when needed, the organisation

endeavoured to use regular relief and agency staff.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 17 OSV-0002717

Inspection ID: MON-0033272

Date of inspection: 18/12/2023

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The senior leadership management team are reviewing organisational policy and working with financial institutions and will endeavour to ensure that residents having free access to their money in the future, in line with regulation.</p> <p>The register provider is currently reviewing the capacity assessments in line with the Assisted Decision Making (Capacity) Act 2015</p> <p>Residents’ personal inventory lists will be updated to identify ownership of items purchased with personal funds. This list will be updated on an ongoing bases to ensure residents personal possessions are listed on same</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>CLA17 will comply with this regulation by completing four fire drills per year going forward from 2024</p>	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	
The person in charge will arrange a meeting with positive behavioural support team to arrange training to support staff to respond and support residents in relation to behaviour of concern.	

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/01/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	31/08/2024

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
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