



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

Issued by the Chief Inspector

Name of designated centre:	Hillview B
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	24 March 2021
Centre ID:	OSV-0001516
Fieldwork ID:	MON-0031736

About the designated centre

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

Hillview B is a centre which is run by Peter Bradley Foundation Company Limited. The centre is located in a town in Co. Clare and provides a residential neuro-rehabilitation service for up to four residents, over the age of 18 years and who have an acquired brain injury. The service aims to support recovery after a brain injury so that the person gradually regains skills and lives a meaningful everyday life. The model of support is flexible and individualised with an emphasis on independent living. Supports are provided directly by a team of rehabilitation assistants with day to day management assigned to the team leader and the local service manager who is the person in charge. Staff are on duty both day and night. The service is located near many social and recreational amenities including local shops, services and transport links. The house is purpose built and provides residents with their own bedroom two of which are en-suite. Two residents share an en-suite and there is a further standalone bathroom. Residents have access to a sitting room, adapted kitchen, a dining area and a garden to the rear of the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 2015 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
Wednesday 24 March 2021	09:45hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

Residents living in this designated centre presented with a diverse range of needs and abilities. The inspector found that this individuality was respected and reflected in the support and service provided. The centre was effectively managed and, resident health, safety and general well-being was the focus of the support provided. Some minor improvement was needed in the oversight of staff training and, in records such as the contract for the provision of services and, the directory of residents.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. COVID-19 has resulted in changes as to how centres are inspected so that they can be inspected safely and in a way that protects residents, staff and inspectors. There was sufficient space and suitable arrangements for the inspector to conduct the inspection in the centre itself. This meant that the inspector had the opportunity to meet with three residents and to observe as staff and residents went about the routine and plans for the day.

On arrival at the centre the inspector noted that the centre was located in a pleasant residential area within easy access of the services available in the town. The area though densely populated was quiet and well served with pathways that could be safely utilised by residents. The inspector had the opportunity to see much of the house with the exception of three bedrooms and the shared en-suite facility. The centre presented well and was homely and inviting with art and craft work completed by residents displayed in the hallway. The centre promoted accessibility and had been purpose built. The kitchen was adapted with for example, lower level work-surfaces that allowed residents such as wheel-chair users to engage in meal preparation and cooking.

The clinical needs of one resident at the time of this inspection meant that the inspector did not meet the resident. Residents had been advised that the inspector would be present in the house and the person in charge offered residents the choice of speaking with the inspector or not. Residents were welcoming, gracious and open in their conversations with the inspector. Residents spoke of the challenge and resilience needed in adapting to supported care and shared living and, the additional challenge that COVID-19 restrictions brought to this. Residents clearly differentiated between what was a difficult and challenging life transition and, the quality of the support that they received from staff. Residents told the inspector that they felt safe, that they were listened to and felt respected and, that staff explained to them why certain supports were needed at this particular time. Residents said that with this support they were adjusting to life in the centre and understood that it was hopefully a pathway to achieving more independent living.

Residents were also invited if they wished, to complete a questionnaire. The person in charge facilitated this and four completed questionnaires were returned to the

inspector. Similar to what residents spoke of on inspection, the feedback in the questionnaires differentiated between satisfaction with the service and, the challenges and change that COVID-19 brought to life. For example residents reported a high level of satisfaction with the service, staff and the support that was provided. Residents said that they had a good level of choice and control in their lives and said they would complain if they were not happy. One resident who was recently admitted described their experience as "so far so good" while a resident who had lived in the centre for a longer period reported that they had had some "pretty good times" in the centre. Matters that residents were not so happy about were in general related to universal public health matters and residents understood this. This included the current inability to go on or to plan a holiday, go to a gym and have dinner in a restaurant. Areas that residents identified as areas that could be improved and of relevance to the service itself included a preference for a personal en-suite rather than sharing, the provision of garden furniture and the resumption of in-house visits.

One resident had recently purchased a trike adapted to suit their needs and invited the inspector to see the trike and watch them use it. The inspector saw that staff were present but gave the resident independence in getting on the trike and putting on their protective equipment. The resident accompanied by a staff left to navigate and familiarise themselves with the neighbourhood.

As stated at the outset residents presented with a diverse range of needs and abilities and this was reflected in the support observed. Residents were seen to have privacy, independence and choice but also had, as appropriate to their individual needs, the support and supervision of staff that they needed. Where there was a higher need for staff support the inspector saw that this was provided and, there was an easy, genuine, kind and comfortable rapport between staff and residents. This was evident for example during meals and when a range of table-top activities were engaged in. Bedroom doors were kept closed, the centre provided a staff call-system and this was seen to be responded to promptly by staff.

Records seen confirmed that residents were consulted with and were active participants in their support and care. For example there were regular key-worker meetings between residents and staff. Residents were invited to attend monthly meetings together where the general operation of the centre was discussed. If a resident did not want to attend a particular meeting, this was respected and staff conveyed any contribution the resident wished to make to the discussion.

Based on the personal plan reviewed, the support and care provided was evidence based and, resulted in better health outcomes such as a reduced incidence of infection and falls.

Prior to this inspection, the inspector had ascertained from interactions with the person in charge that the service was diligent in protecting residents and staff from the risk of COVID-19. On inspection the inspector saw that not only were residents protected but how each resident was coping and responding to the challenge and restriction of COVID-19 was consistently monitored. Risk management and proportionate controls strengthened resident resilience. For example, while in-house

visits were still suspended, the importance of ongoing contact with family was recognised and facilitated through window visits, garden visits and through phone and other media such as zoom calls. A resident confirmed that they had a family visit planned for the evening of this inspection. Staff supported residents to safely access their local community, get take-away coffee and engage in a range of activities in the house. The inspector saw that there was purpose in these activities as they maintained dexterity, cognitive and communication skills; one resident was using a popular application to develop their skills as Gaeilge.

In summary the inspector found that this was a well run service where the support and care provided was empathetic and highly individualised, where residents were supported to achieve their personal goals and objectives and, to enjoy a good quality of life. 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.

Capacity and capability

There were management systems in place that ensured that the support and care provided was safe, appropriate and responsive to resident needs. The centre presented as adequately resourced to deliver on its stated objectives. Over the course of Health Information and Quality Authority (HIQA) inspections the provider had improved its systems of review and oversight and, demonstrated how these systems brought about improvement. Overall a high level of compliance with the regulations was found with some improvement needed in the monitoring of staff training, in the contract provided for the provision of services and, in the maintenance of the directory of residents.

The local management structure was streamlined and consisted of the person in charge supported by a team leader in each of the two centres that the person in charge had management responsibility for. Practical arrangements such as access to an office nearby and the fact that both centres were adjacent to each other supported the person in charge. The person in charge described how in response to COVID-19 she had a structured pattern of attendance in each house on alternate weeks so as to minimise crossover between the services. It was very evident on speaking with the person in charge that they were consistently engaged in the management and oversight of the service. The team leader confirmed the visibility, accessibility, support and leadership provided by the person in charge. Equally the person in charge was satisfied with the access she had and the support received from her line manager and the wider organisational structure. For example there was a national COVID-19 response team that met daily to review and provide advice on any queries arising in individual services.

The inspector was satisfied that the provider had improved its systems of oversight and risk management. The inspector saw a very detailed annual review of the quality and safety of the service. The review included for example an analysis of any incidents that had occurred and of the feedback provided by residents. This review and the reviews completed on a six-monthly basis all had an associated improvement plan but overall the reviews reported a good level of compliance and a high level of reported satisfaction with the service provided.

In addition to these wider organisational systems of review there were other local arrangements that supported the safety and quality of the care, support and services provided to residents. For example the inspector saw that medicines management, falls prevention and management, general and personal finance management and, the personal plan were all subject to regular review. The person in charge utilised tools and guidance issued by HIQA, such as fire safety guidance when completing internal reviews. There was evidence of action in response to reviews to improve and assure safety. For example additional support was provided by staff if there was concern for resident ability to safely manage their own medicines and, there was a noted reduction in the incidence of falls. In addition residents were consulted with on a consistent basis and their feedback and suggestions were actively sought. The inspector did recommend that it could be better demonstrated how residents influenced the service provided, by formally following up at each monthly meeting the action taken to progress the suggestions made by residents at the previous meeting.

Overall the inspector concluded that staffing levels and arrangements were sufficient to ensure that residents had the support that they needed and that that support was of a good quality. A review of the staff rota confirmed that a regular team of staff was employed. The inspector noted that residents used their call-bells and these were promptly responded to by staff. Residents were seen to have the one-to-one support they needed to be safe, to access their community and to enjoy a meaningfully occupied day. Generally there were three staff on duty up to 21:00hrs. Based on the sample of rotas seen, staffing levels did reduce at times to two staff after 17:00hrs. The person in charge and the team leader described this as a quiet time in the house with no evidence such as a pattern of falls, other incidents or concerns raised that this level of staffing was not adequate.

Staff had access to a ongoing programme of training that included mandatory, required and desired training such as safeguarding, fire safety, medicines management and, understanding risk management and quality assurance. In addition the evidence base of the support and care provided was informed by input from other stakeholders such as the multi-disciplinary team (MDT). However, the inspector found that records that confirmed staff attendance at training were somewhat fragmented. This potentially did not support effective monitoring and oversight and, while the overall attendance at staff training was very high, this inspection identified a staff training deficit that had not been identified in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application seeking renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the skills, experience and qualifications needed for the role. The person in charge was evidently consistently engaged in the management and oversight of the service and, was visible and accessible to residents and staff. The person in charge described supportive systems of management that included formal and informal supervision. The person in charge took responsibility and accountability for the service taking into account their role in the wider governance structure.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were suited to the number of and the assessed needs of the residents. Nursing care as needed was accessed from community based resources. The staff rota indicated the staff on duty at all times and the hours that they worked.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that records that confirmed staff attendance at training were somewhat fragmented. This potentially did not support effective monitoring and oversight and, while the overall attendance at staff training was very high, this inspection identified a staff training deficit that had not been identified in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents contained most, but not all of the required information. Details of the residents' General Practitioner (GP) were not included.

Judgment: Substantially compliant

Regulation 22: Insurance

With the application requesting renewal of registration the provider submitted evidence that it had appropriate insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

This centre was effectively managed and adequately resourced to deliver on its stated objectives. The person in charge provided good structured local management and oversight. The provider had improved its systems of review and was effectively using the data collected to improve and assure the quality and safety of the service provided to residents. There were formal systems of supervision and performance management and no reported obstacles to the raising of concerns or dissatisfaction.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The contract for the provision of services needed to be more individualised to the circumstances of the resident and the current fees and charges that the resident had to pay.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information such as details

of the staffing and management arrangements and the criteria used for admission to the centre. The inspector saw that the statement of purpose was readily available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre the provider had adequate arrangements that ensured HIQA was notified of events such as any injury sustained by a resident.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was advised that there was no open complaint. How, and who to complaint to was prominently displayed. Resident and representative feedback was actively sought. Residents were regularly reminded of their right to complain and of the working of the complaint procedure.

Judgment: Compliant

Quality and safety

The inspector found that the care and support provided was very individualised and was informed by each residents' rehabilitation plan. Based on the records seen, the support and care provided was of a good standard, kept residents safe and well, and its' effectiveness was the subject of regular review. Residents and their representatives as appropriate were consulted with and were active participants in the planning and review of their plan. Because this centre (as discussed in the previous section of this report) was effectively managed and monitored, the provider was found to have reached the standard needed to be judged compliant with the regulations reviewed by the inspector.

For example the inspector reviewed a personal plan and saw that it was based on an assessment of needs, kept under review and amended in line with any changes in those needs and, any changes made to the recommended support and care. Each resident had a designated key-worker and each key-worker held regular meetings with the resident to discuss, explain and agree the support that was provided. For example residents spoken with confirmed that their vaccination against COVID-19

was imminent, that they had consented to this and vaccination brought them hope for a better quality of life. The personal plan including the care that was to be provided in response to physical and health needs. These plans were evidence based and informed by input from the relevant clinicians such as the GP and hospital based clinicians. While the staff-skill mix did not include nursing staff the person in charge confirmed that residents had good access to community based teams including the local crisis intervention team and, the community based neurological rehabilitation team. The person in charge confirmed that access to healthcare advice and services had not been disrupted by COVID-19. The evidence base and the effectiveness of the care provided was evident in clinical indicators such as for falls, infection and skin-integrity.

The identification, management and ongoing review of risk complemented the support and care that was provided in ensuring resident safety and health. There was noted improvement on previous HIQA inspection findings with evidence of the regular monitoring and analysis of any accidents and incidents that had occurred and, the corrective actions taken. For example an occupational therapy review of the environment, of transfer techniques and the equipment provided was completed in response to a pattern of falls. The person in charge confirmed that recommended interventions such as the use of a movement sensor were discussed, explained and agreed with the resident.

Currently in the centre, the person in charge confirmed that there was no identified requirement for specific positive behaviour support plans. Staff had completed the necessary training and residents had access as needed and if they wished to support from psychology. In the context of COVID-19, the review of the person plan included monitoring and establishing each residents' response and ability to cope with the impact of COVID-19. Staff and residents had reviewed and amended individual goals so that residents were meaningfully occupied while restricted to the centre. Residents were supported to continue to safely access their local community either by walking or short drives accompanied by staff. The person in charge described how the change in routines such as the cessation of day-services was of benefit to one resident. The resident was reported to have a good daily routine in the centre, better energy levels, and was participating in more activities and programmes with staff. This was noted on the day of inspection.

The importance of meaningful contact with friends and family to overall resident health and well-being was recognised and safely supported by risk assessment and the implementation of reasonable controls. Telephone calls and video call applications were utilised, window visits and visits in the garden were all facilitated. Controls included the ascertaining of visitor well-being and the fundamentals of hand-hygiene, physical distance and the use of face-masks.

The arrangements for reducing the risk of the accidental introduction and onward transmission of COVID-19 were effective and informed by national guidance, reviewed and updated as this guidance changed, for example in relation to face-mask specifications. There were clear procedures for the safe management of admissions and transfers and residents were supported to manage any requirement of them to isolate or restrict their movements. The practice described, the providers'

contingency plans and, the practice observed were all noted by the inspector to be in line with national guidance. Staff and resident well-being was monitored, staff had access to and used the required level of personal protective equipment (PPE) as relevant to the task, there was an enhanced schedule of environmental hygiene. There was a protocol for the use of the shared en-suite in the event of suspected or confirmed COVID-19 and it was not shared by residents in these circumstances.

The provider had fire safety arrangements, it tested the effectiveness of these and, made changes as necessary to improve them. For example simulated evacuations had identified an environmental issue that hindered resident ability to evacuate; corrective action was taken to address this. Simulated evacuations also reflected the factors to be considered when residents were isolating as a consequence of COVID-19. The inspector saw that the premises was fitted with doors designed to contain fire and its products and each door was fitted with a self-closing device. In addition there was a fire detection and alarm system, emergency lighting and fire fighting equipment and, documentary evidence that these were all tested and inspected at the required intervals.

Regulation 11: Visits

At the time of this inspection in-house visits were suspended in line with current public health guidance; residents were due to receive their first vaccination. Residents missed these visits and very much looked forward to their return. Residents understood the reason for the restriction. Residents were supported to have meaningful contact with family through a range of media, window visits and visits in the garden.

Judgment: Compliant

Regulation 20: Information for residents

The directory of residents contained all of the information required such as how to access any inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective arrangements for the identification, management and ongoing review of risk. Improvement was noted in these systems, for example the monitoring and analysis of accidents and incidents to identify any patterns or trends.

The person in charge maintained a register of the risk that was managed in the centre; the register had been updated to include the management of the risk posed by COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policy, procedures and practice based on national guidance to manage the risk of the unintended introduction and the onward transmission of COVID-19. The provider had procedures for the management of any suspected or confirmed COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety arrangements including procedures for the evacuation of residents and staff in the event of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The personal plan reflected the assessed needs and clearly set out for staff the care and support to be provided and the goal to be achieved. The effectiveness of the plan was regularly reviewed and, residents were consulted with and participated in decisions about their support. The plan took into account the impact of COVID-19 on residents' lives and measures to be taken to reduce the impact.

Judgment: Compliant

Regulation 6: Health care

The personal plan included the care needed to ensure that each resident enjoyed the best possible health. It was evident from records seen that staff monitored resident well-being, were attuned to possible signs of illness and sought timely

medical advice and care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had completed the required training including training in de-escalation and intervention techniques. The monitoring of resident well-being included the monitoring of their psychological and emotional well-being. Based on the evidence available to the inspector including feedback from the residents, residents had minimal restrictions on their daily routines and choices other than those imposed by general public health guidelines.

Judgment: Compliant

Regulation 8: Protection

All staff had completed safeguarding training. There were no identified safeguarding concerns. Residents provided positive feedback and described staff as supportive and helpful.

Judgment: Compliant

Regulation 9: Residents' rights

This was a very individualised service where the support and care provided was planned and delivered to meet a range of different needs and circumstances. Residents were consulted with and had input into the general operation of the service and their personal plan. The complaints procedure was discussed on a regular basis as was each residents, right to access advocacy services. Residents were satisfied with the level of choice and control that they had and understood why certain restrictions were necessary due to COVID-19.

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 - 2015 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	Substantially compliant
Regulation 19: Directory of residents	Substantially 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview B OSV-0001516

Inspection ID: MON-0031736

Date of inspection: 24/03/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. All Staff Training both inhouse and external will be available on one site with all certificates easy accessible. 2. The Staff, Team Leader and the Local Service Manager will be prompted and given a timeline when next training is due for renewal. 3. The new system allows for reports to be printed so that there is effective monitoring and oversight over each Staff Member's training. 	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ol style="list-style-type: none"> 1. The General Practitioner's name, address and contact details will be included onto the Directory of Residents. 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

1. The Person Served Residential Agreement will reflect the contribution amount paid on a weekly basis.

2. The Rental Agreement will reflect the amount paid every month after reductions of any entitlements.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/03/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	29/03/2021
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	Substantially Compliant	Yellow	29/03/2021

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