



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

Issued by the Chief Inspector

Name of designated centre:	Helensburgh
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	06 March 2024
Centre ID:	OSV-0001703
Fieldwork ID:	MON-0034085

About the designated centre

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

Helensburgh is a designated centre operated by Sunbeam House Services CLG. It provides a full-time community residential service for up to six adults (male or female) with a disability. The centre comprises of two units both in Co. Wicklow but in different towns. One unit comprises of a two-storey house which consists of six individual bedrooms, office, sleepover room, a sitting room, dining room/kitchen, a number of shared bathrooms and utility room. The second residential unit is a house that provides a single occupancy living arrangements. The house consists of three bedrooms and an accessible bathroom, kitchen and dining room and living room as well as a separate laundry room. It has large front and rear gardens. The centre is managed by a full-time person in charge, a deputy and a team of social care and support care workers. The person in charge divides her role between this centre and two other designated centres.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 March 2024	09:30hrs to 17:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector 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 is a large two-storey house located in a coastal town in County Wicklow. The ground floor of the house comprised of four resident bedrooms, kitchen and dining room, sitting room, one large accessible bathroom and a utility room. The upstairs of the house comprised two resident bedrooms, two staff sleepover rooms, a large TV room, staff office and a large bathroom. The centre is registered to accommodate six people. On the day of inspection there were five residents living in the centre and the inspector had the opportunity to meet with four of the residents.

The atmosphere in the house was observed to be calm and very sociable. For example, upon arrival to the centre the inspector observed that residents were sitting and chatting with staff in the kitchen. The residents had been made aware of the upcoming inspection, gave the inspector a warm welcome and were very comfortable with the presence of the inspector in their home. While the inspector was present some residents spent much of their time in the house while others attended their day services. Throughout the inspection the inspector saw residents being supported to participate in a variety of home and community based activities, which included making jigsaw puzzles and attending various hospital appointments.

Residents said that they were happy with the service, felt safe and liked the staff. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their home. Residents said that they all get on well together in the centre, and it was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff. Warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with the residents in a respectful and supportive manner.

The person in charge spoke about the high standard of care all residents receive and described the service as "relaxed and homely". Concerns were raised in relation to the ageing resident group in the designated centre and their changing mobility needs. For example, one resident was recently admitted to hospital due to a deterioration in their physical ability caused by arthritis. The provider's Occupational

Therapist (OT) had recently completed an environmental assessment and concluded that the resident required level access accommodation in order to mobilise. In addition, the OT report advised the resident was assessed as being unable to manage stairs without a high probability of falling and serious risk of injury.

The person in charge and service manager had both raised concerns in relation to the premises not meeting the assessed needs of this resident. However, the provider was actively engaging with their funder in relation to future planning for this resident, which included looking at alternative and more appropriate accommodation options. In addition, there was extensive multi-disciplinary team input and additional OT supports and recommendations had been considered by the provider. For example, home mobility solutions including the installation of a stair lift had been reviewed by the provider.

Staff spoke to the inspector regarding the residents' assessed and changing needs and described training that they had received to be able to support such needs, including feeding, eating, drinking and swallowing (FEDS), safeguarding, medication management and managing behaviour that is challenging. In addition, staff had completed training in human rights, which had a positive impact on their day-to-day work. For example, staff spoken with described the service as one that "operates at a pace that the residents set". They were fully aware of the demographic of residents who lived there, the activities they enjoyed and how they chose to spend their days. This was fully embraced and supported by the staff team who worked in the centre.

The inspector found that the staff members on duty were very knowledgeable of residents' needs and the support in place to meet those needs. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with residents' personal items such as photographs and artwork. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. For example, residents' bedrooms included family photographs, pictures and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

However, the premises was not laid out to meet the assessed and changing needs of the resident group and this required considerable review and consideration by the provider. Due to changing mobility needs the upstairs areas of the premises was no longer accessible to the residents that lived there.

As previously mentioned one resident was no longer able to access their bedroom in the upstairs of the premises due to a deterioration in their physical ability. In addition, the large TV room and bathroom, also located in the upstairs of the premises were not accessible to any of the resident group due to their mobility

needs.

A high degree of satisfaction was indicated in completed resident feedback questionnaires provided to the inspector. It was seen that the completed questionnaires provided positive responses to all areas queried such as, staff, choices and decisions, visitors and activities. Responses included "the house is very nice and the food is good", "staff are very good and kind" and "if there is something I don't like I will tell staff".

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, who was knowledgeable about the support needs of the residents living in the centre. The person in charge was full time and responsible for this and another designated centre. They were present in this centre regularly and they were supported in their role by a deputy client services manager and a service manager.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in November 2023 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre. However, improvements were required in order to demonstrate that residents and their families or representatives were consulted about the review.

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 a number of whole time equivalent staff vacancies at the time of inspection and recruitment was underway to back fill these vacancies. A regular panel of relief and agency staff were being used to cover the vacancies. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts. 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.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

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. The staff team comprised of the person in charge, deputy client services manager, social care workers and care assistants.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Due to vacancies within the existing staff team the provider was attempting to ensure continuity of care and support through the use of regular relief and agency staff, however this was a challenge. Owing to the assessed needs of the residents it was important that they were supported by a core familiar and consistent staff team who had a good understanding of individual and collective needs. Overall, the continuity of care and support to residents could not always be assured.

Although the provider was in the process of actively recruiting staff to back fill current vacancies, there was a reliance on the use of relief and agency staff to meet the assessed staffing complement. For example, a total of 39 shifts were covered by relief and agency staff across the month of February with a further 31 shifts planned for the month of March.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as feeding, eating, drinking and swallowing (FEDS), first aid, assisted decision making, human rights and control and safe administration of medication.

The inspector found that staff were receiving regular supervision as appropriate to their role. Supervision records reviewed were in line with organisation policy and included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for the inspector to view.

The inspector reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and resident's changing needs and had structures in place to support them in meeting their regulatory responsibilities.

A suite of audits were in place including housekeeping inspection audits, health and safety and medication management. On completion of these, action plans were developed to address any issues identified.

Six-monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner.

An annual review of the quality and safety of care had been completed for the designated centre. However, there was no written evidence to document consultation with residents or their family members or representatives in the annual

review. This required review by the provider.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the resident's or their family or representative.

The contract of care also outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them.

These supports were in line with the resident's assessed needs and the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

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 34: Complaints procedure

The registered provider had a complaints policy, which outlined how complaints would be dealt with. The complaints procedure included an appeals process. A complaints officer had been appointed to deal with complaints, as outlined in the organisation's complaints policy.

The inspector found that the residents were aware of the complaints process and it was available in an easy-to-read format. The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The

person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

At the time of inspection there were no open complaints.

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. The inspector reviewed the policies during the course of this inspection. The provider ensured that policies and procedures had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The inspector found that the centre was reflective of the aims and objectives of the centre's statement of purpose. The residential service aims to "provide support in a safe, secure and stimulating environment through providing competent, knowledgeable staff that are motivated and committed to delivering the best possible service to each person they support".

Residents 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. The inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support. They observed residents to have active lives and participate in a wide range of activities within the community and the centre. They were also supported to maintain relationships meaningful to them, for example, with their families. Residents spoken with were happy with their home, and the inspector found that the service provided to them was safe and of a good quality.

The inspector completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated

in line with their taste and preferences. However, the premises was not laid out to meet the assessed and changing mobility needs of the resident group. This is discussed further in the report.

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans in place which identified a personal evacuation plan for day and night and all staff had fire training.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medication audits, medicine sign out sheets and ongoing oversight by the person in charge. All staff had attended safe administration of medication training.

Resident's needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. These also informed the development of personal plans. The plans viewed by the inspector were up-to-date and provided sufficient guidance for staff to effectively support residents with their assessed needs. Residents were supported to choose goals which were meaningful to them and their keyworkers supported them in progressing and achieving their goals.

Overall, good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Regulation 11: Visits

The provider had a policy in place which outlined the arrangements in place for residents to receive visitors in line with residents' wishes. Appropriate space was available should residents wish to meet their relatives in private. A visitors log was maintained which required anyone visiting the centre to record their name, details and time of visit.

The arrangements for visits were also detailed in the statement of purpose and residents' guide in the centre. There were no visiting restrictions in the centre and the inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

Judgment: Compliant

Regulation 12: Personal possessions

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

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard resident's finances and access to their monies, which included daily and monthly financial audits.

The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Each resident had their own bank account or post office account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

Regulation 17: Premises

The centre was warm, homely and very clean. Each resident had their own bedroom which had been personalised to their specific tastes.

The design and layout of the premises was in line with the centre statement of purpose. However, the premises was not laid out to meet the assessed needs of residents. For example, due to changing mobility needs the upstairs of the premises was no longer accessible to the resident group that lived there.

As previously mentioned in the report, one resident's mobility had deteriorated caused by arthritis. They are no longer able to access the upstairs of their home, where their bedroom is located. The provider's Occupational Therapist (OT) had recently completed an environmental assessment and concluded that the resident is not safe using stairs due to high risk of falling. Recommendations made by the OT include; level access accommodation, so that the resident can mobilise with a four wheeled walker.

In addition, a large TV room and bathroom, also located in the upstairs of the premises, are inaccessible for the entire resident group due to their collective mobility needs. This required considerable review and consideration by the provider.

Judgment: Not compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and firefighting equipment. These were all subject to regular checks and servicing with a fire specialist company and servicing records were maintained in the centre.

The person in charge had prepared detailed personal evacuation plans for each resident which had been regularly reviewed and which outlined the ways in which residents needed to be supported in an evacuation.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

The fire panel was easily addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed that all fire doors, including bedroom doors closed properly when the fire alarm was activated.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medication and a form was stamped by the pharmacy. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need and personal plan in place. From the sample reviewed, residents' assessments clearly identified their care and support needs.

Assessments and plans were regularly reviewed and updated with any changes in need. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. Multidisciplinary professionals were involved as appropriate in creating support plans.

Residents had accessible person-centred-plans in place with their goals and aspirations for 2024. Residents were supported to set goals that were meaningful for them. For example, one resident had set goals including learning to bake and meeting up with friends.

Judgment: Compliant

Regulation 8: Protection

Overall good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. Safeguarding concerns had been reported and responded to as required and safeguarding plans were in place to manage these concerns.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit. In addition, residents were provided with education and support to understand how to safeguard themselves.

Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

Residents' files contained person-centred and up-to-date intimate care plans. These plans detailed the supports required to protect residents' autonomy and dignity in delivering personal care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Helensburgh OSV-0001703

Inspection ID: MON-0034085

Date of inspection: 06/03/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 100hr Care Assistance post commenced position on the 01/04/2024, 80hr domestic in compliance stage, 20hr Care Assistance relief staff in compliance stage. 150hr SCW and two 169hr CSW are currently advertised.</p> <p>The PIC continues to utilise regular agency staff for any vacancy deficits to promote continuity of care for the residents.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will send the annual review feedback questionnaires to families and residents with a requested return date of 9th of May to allow for sufficient time for families and residents to complete. Once the questionnaires are returned the provider auditor will collate and review the information received and the PIC will address any items where possible. The PIC will complete this by 30th May 2024 and attach this to the annual review document.</p>	
Regulation 17: Premises	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider has commissioned a review of the current housing stock in response to potential future needs of residents'. The designated centre is included in this review.. This housing review will be completed in May 2024. Following this review the provider will complete an action plan for matters arising. The provider is meeting regularly with the local County Council to identify suitable accomodation to meet the changing needs of residents. One resident can no longer access their bedroom upstairs due to changing needs relating to mobility.The resident is currently in hospital. The provider has undertaken the following actions in the interim.</p> <p>The health and safety department and O.T department completed an environmental assessment regarding the potential use of a stair lift on 12/03/2024, a further meeting was conducted on 20.3.24 to review the findings, and based on the safety risk this was found to be a non-viable option due to the inability to safely evacuate the resident.</p> <p>There is regular communication between the PIC Provider's Social Worker and MDT team in the hospital. There was a meeting with the resident's family on 27.3.24 to fully appraise them of the options being reviewed. The resident's family requested the provider to explore dividing a downstairs bedroom.t. This was completed by O.T. and Physio department on 2.4.24. However, as per report this was found to be a non-viable alternative. The other option under review is a potential fire-protected lift which is currently being assessed by the relevant competent persons. O.T and Health and Safety assessments to explore this option will be completed by 30.4.24</p> <p>The remaining resident's live comfortably in the downstairs portion of the house with no requirement to use any upstairs areas.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/07/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/07/2024
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/04/2024

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/04/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/05/2024