



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

Issued by the Chief Inspector

Name of designated centre:	Cara Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	26 June 2023
Centre ID:	OSV-0003733
Fieldwork ID:	MON-0031280

About the designated centre

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

The designated centre forms part of a campus based service for persons with intellectual disabilities and is located in west Dublin. The centre is comprised of three individual bungalows and provides full time residential services to up to 14 adults. The layout of all three houses is very similar with a spacious entrance hallway, an open plan living and dining area with kitchen space, resident bedrooms, main bathroom and smaller toilet areas. Residents are supported 24 hours a day, seven days a week by a person in charge and a staff team of nurses, carers and house hold staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
Monday 26 June 2023	09:30hrs to 16:15hrs	Sarah Cronin	Lead
Monday 26 June 2023	09:30hrs to 16:15hrs	Marie Byrne	Support

What residents told us and what inspectors observed

This was an announced inspection which took place to inform a decision about renewal of the registration of the designated centre. Inspectors found that residents were receiving good quality care. There were mixed levels of compliance found on this inspection, with improvements required in upholding residents' rights, protection, staffing and admissions and contract of care. These are discussed in the body of the report.

The designated centre is based on a campus in west Dublin. It comprises three houses and there are a total of fourteen residents living in the centre. Two of the houses support five residents who have complex health and social care needs, including age-related conditions. The third house provides a service to four adults with autism and intellectual disabilities who require a low-arousal environment. Each of the houses have a similar layout with a large foyer, an open sitting room and dining area and a kitchen. There are staff work spaces tops in the hallway in addition to cupboards with residents' files and other equipment. There is an accessible bathroom in each house, a toilet and five resident bedrooms. In one house, a resident bedroom was turned into a sensory room for a resident. Laundry and storage is outside of each house in a shed.

On arrival, inspectors carried out a walk around with the person in charge. In the first house, inspectors met with three residents who were going about their preferred routines such as listening to music on their tablet, watching television. One resident had transitioned into the house from a community setting within the organisation. A transition plan had been done to support the resident with their move. Three of the residents in the house had celebrated their birthdays and showed inspectors cards, flowers and balloons they had received. One spoke about a party they had attended. Two residents in the house were in hospital on the day of the inspection.

The second house supports four adults who have an intellectual disability, autism and behaviour support needs. Inspectors had the opportunity to visit for two short periods of time over the day in line with residents' expressed wishes. They met with two residents. One was relaxing in their sitting room while the other was walking around and speaking with staff. Residents were well presented and their spaces in the house were personalised.

The third house was home to 5 residents. On arrival to this house, a resident greeted inspectors and spoke about going out to a shopping centre nearby. Another resident was doing a table top activity while another was eating breakfast. A resident had transitioned into the centre from a community house following a hospital admission. The resident was settling into the centre, but was significantly younger than other residents they were living with. Inspectors found that while family consultation had occurred in relation to their move, the resident did not have a

clear transition plan in place to ensure that they were well supported in their move.

Residents and their representatives' views were captured as part of the provider's annual review of care and support. Residents consulted with during the annual review by the provider indicated they were happy with care and support in the centre and particularly with their access to activities, the complaints process and the food and mealtimes in the centre. Examples of input from residents' representatives included, "the staff and services are excellent", "we are always kept informed", one family spoke about how their loved one is very happy and content, all her needs are met to a very high standard", and another stated that they were "very satisfied with the quality of care". The inspectors reviewed two residents' questionnaires which had been sent out to the person in charge prior to the inspection taking place. The questionnaire requests feedback on residents' experiences of living in the centre in a number of areas such as the physical environment, food, staff and support, activities, complaints and rights. The questionnaires indicated that the two residents were happy in their homes. One stated that they would like to have more staff to enable them to do more activities in the community. Residents noted that they had chosen the items of furniture in their bedrooms. Residents said they would like more cooking and baking in their home. Another resident said that 'staff do as much as they can but sometimes we don't have enough staff to achieve our goals for us. Residents wrote that they enjoyed activities such as music, bingo, going to the canteen on the campus. One resident attended a local slimming world group.

Residents in the centre presented with a range of communication support needs. Some residents used verbal communication, while others used vocalisations, body language, taking a staff by the hand to their desired object and other residents engaged in behaviour to communicate. Throughout the inspection kind and caring interactions were observed between residents and staff. Staff were observed to be familiar with residents' communication preferences. They were observed to take the time to listen to residents and to pick up on their communication efforts and cues. Residents had communication passports in place and there was easy-to-read information available for residents who could access it.

The majority of staff in the centre had completed human rights training and the remainder were due to complete it after the inspection. Inspectors spoke to one staff member who had completed online courses in a human rights-based approach in health and social care. They described the impact this had on their day-to-day work. For example, they spoke about their increased awareness of residents' rights to freedom, privacy, and to make choices and decisions in their lives. They spoke about the importance of ensuring that there were no barriers for residents in relation to making choices. They also spoke about their role as a key worker and how the course had made them realise the importance of supporting residents to develop meaningful goals. They spoke about recently supporting a resident achieve their goals. They discussed how much the resident had enjoyed this achievement and how they had taken pictures for their person-centred plan.

However, residents' rights to freedom of movement, physical access and choice and control were negatively impacted in some parts of the centre. For example, in one of the houses, one of the residents was required to go to their bedroom as part of their

safeguarding plan due to the need for two staff to attend to another residents' personal care. This restricted the residents' movement at times during the day. Due to the house being on a campus, meals came from a centralised kitchen. The person in charge acknowledged that residents enjoyed baking in their homes and described their plan to enable residents to cook or have meals cooked in their homes once or twice a week in line with their will and preferences. Residents were beginning to shop for their own toiletries. Transport was another issue in the centre impacting upon residents' lived experiences. There was one bus which was wheelchair accessible and this was shared across three houses. This was not accessible for one resident due to their mobility needs. The person in charge reported that there were only a small number of staff which were able to drive the bus and this reduced residents' opportunities to leave the campus at times.

In summary, residents in the centre were found to be in receipt of good care in the centre. They were found to be well presented and staff were observed to engage in a respectful and kind manner. The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of care of the residents.

Capacity and capability

The provider had suitable governance and management arrangements in place to oversee and monitor the quality and safety of care of the residents in the centre. There was a clearly defined management structure in place. The person in charge was not counted in the staff quota and available in the houses five days a week. They were supported in their role by number of persons participating in the management of the centre (PPIM) and formal meetings took place with their assigned PPIM at least monthly. From reviewing a sample of minutes from these meetings they were found to be resident focussed and included agenda items that demonstrated oversight and monitoring of care and support for residents in the centre. The provider was completing an annual review and six monthly reviews of care and support in the centre in line with the requirement of the regulations. In addition, a number of audits were being completed regularly in the centre. These audits and reviews were picking up on areas of good practice and areas where improvements were required. Action plans were developed and there was a monitoring log in place to track actions from all of the audits and reviews.

An annual review and six-monthly unannounced visits had taken place in line with regulatory requirements. The person in charge had an action log in place to oversee and progress any areas requiring improvement which were identified in audits at centre and provider level.

The provider had appointed a suitably qualified and experienced person in charge. They had commenced in their role in January 2023 and were found to be

knowledgeable in relation to residents and their assessed needs.

Inspectors found that the centre was not suitably resourced to best meet residents' assessed needs in the centre. The numbers of staff on duty in the centre by day and night had increased since the last inspection. However, from a review of risk assessments, incident reports, residents' assessments and plans, and through discussions with staff it was not evident that there were sufficient staff on duty during the day in one of the houses to meet the number and needs of residents living there. There were vacancies and staff on sick leave, which required a number of different agency and relief staff being used. Schedule 2 files were reviewed prior to the inspection taking place and were found to meet regulatory requirements.

Staff training and development had improved since the last inspection. There were a small number of staff who required training or refresher training in areas such as food safety, basic life support and first aid and infection prevention and control. However, inspectors were shown documentary evidence that the majority of staff were booked onto these training programmes and requests had been submitted to the training department for the remaining staff. In addition to the mandatory training programmes staff had completed a number of courses such as, positive behaviour support, autism, and human rights training. Formal staff supervision had been carried out for the majority of staff.

There had been two new admissions into the centre from community houses in the weeks prior to the inspection. Inspectors viewed minutes of the admissions, discharge and transfer committee and found that the decision-making process in place for residents moving was unclear and did not appear to have had input from any health and social care professionals involved in their care. One of the individual needs and preference assessments was found to be incomplete and it was unclear who had carried the assessment out, and therefore what health and social care professionals had been involved in that assessment. A transition plan had been done for one of the residents. However, for a resident who was significantly younger than all other residents in the centre, they had not had a transition plan in place.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge. They worked on a full-time basis in the centre and had oversight of the three

houses. They had commenced their post in January 2023 and had good knowledge of each resident and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The number of staff was not found to be meeting the number and needs of residents in the centre. Inspectors acknowledged that staffing numbers had increased in the centre both day and night since previous inspections. However, from a review of risk assessments, incident reports, residents' assessments and plans, and through discussions with staff it was not evident that there were sufficient staff on duty during the day in one of the houses to meet the number and needs of residents living there.

There were 3 whole time equivalent (WTE) staff nurse vacancies and 1.75 WTE care staff vacancies at the time of the inspection. There were also a number of staff on long term sick leave. It evident that the provider was attempting to ensure continuity of care and support for resident through the use of regular relief and agency staff, and regular staff completing additional hours. However, this was not proving possible due to the volume of shifts that needed to be covered. For example, a review of a sample of roster over a one month period showed that an average of 23 shifts per week covered by 16 different relief or agency staff.

There were planned and actual rosters in place; however, improvements were required to these to ensure they clearly showed who was on duty in each of the houses daily. For example, it was not clear from the sample of rosters reviewed which staff were relief and which were agency. In addition, the first and second name of these staff was not always included in the records.

Judgment: Not compliant

Regulation 16: Training and staff development

There were a small number of staff who required training or refresher training in areas such as food safety, basic life support and first aid, and IPC. However, inspectors were shown documentary evidence that the majority of staff were booked onto these training programmes and requests had been submitted to the training department for the remaining staff.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors found that the required information and documents were readily available and easy to access in the centre. While the provider was working to improve storage in the three houses, archiving had been completed since the last inspection and there were no confidential documents on display in any of the houses visited.

Judgment: Compliant

Regulation 22: Insurance

The provider effected a contract of insurance against injury to residents and other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clearly defined management structure in place in the centre. The person in charge reported to the person participating in management. They met on a regular basis to ensure ongoing oversight and monitoring of residents' care. The provider was completing an annual review and six monthly reviews of care and support in the centre in line with the requirement of the regulations.

At centre level, audits were being completed regularly to ensure ongoing monitoring of various aspects of care. These audits and reviews were picking up on areas of good practice and areas where improvements were required. Action plans were developed and there was a monitoring log in place to track actions from all of the audits and reviews.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been two new admissions into the centre , which is a congregated, campus-based setting. One resident was between twenty and fifty years younger than other residents living in the centre. Upon review of residents' care plans and minutes of the admissions, discharge and transfer committee, both applications for

admissions to this centre were not determined on the basis of transparent criteria in accordance with the centre's statement of purpose. The transition for one resident did not have a documented plan to support the resident to move.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which contained information set out in Schedule 1 of the regulations. This was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given the chief inspector notice of all adverse incidents occurring in the centre in line with regulatory requirements.

Judgment: Compliant

Quality and safety

As outlined at the beginning of the report, residents living in the designated centre were found to be well supported and cared for. Inspectors found that residents who required positive behaviour support plans had these in place. Plans had clear guidance for staff, with reactive and proactive strategies outlined to ensure a consistent approach for residents. There were a small number of restrictive practices in place in the centre. These were regularly reviewed and it was evident that there was a focus on skills building and reduction of restrictions, such as coded access to doors. For example, some residents now used a key card to access and exit their home.

The provider had a number of policies in place to ensure residents were safeguarded from abuse. There was clear guidance for staff on intimate and personal care for residents and documentation to ensure that assistance was provided in a manner which respected the residents' dignity and bodily integrity. There had been an increase in the number of safeguarding incidents occurring in the centre which were peer-to-peer incidents. Safeguarding plans were in place and had a number of control measures listed such as increasing supervision. However,

inspectors were not assured that it was possible to implement these measures, and therefore to safeguard residents at all times.

Residents' rights to have freedom of movement and to exercise choice and control in their daily lives were negatively impacted in the centre due to compatibility of residents in one house, staffing resources and inaccessible transport. Residents continued to receive meals from a centralised kitchen and inspectors were informed that while residents enjoyed baking, no meals were cooked in houses. The person in charge spoke about plans to address this and residents' ability to shop for their own toiletries. Having access to transport was another issue due to lack of available staff who could drive and for one resident, they were unable to access the transport available due to their support needs.

All three of the houses in the centre had a similar layout and consisted of a large foyer, an open plan sitting room and dining room and a kitchen area. There were small garden spaces which were accessible through double doors from the dining room. Staff were required to work at a small counter-top in the hallway. There were accessible bathrooms and showers for residents. Bedrooms were nicely furnished, personalised and decorated in line with each residents' wishes. However, as found on the previous two inspections storage remained an issue. This is outlined under Regulation 17 below.

The provider had a risk management policy which met regulatory requirements. There were systems in place to identify, assess and put measures in place to manage risks within the centre. Incidents were found to be appropriately documented and reported and learning was shared with the staff team. However, these incidents were not fully informing reviews or updates of the risk register. Improvements were required to ensure that the risk register was fully reflective of the actual risks in the centre, and that the risk rating was appropriate to the identified risk and control measures in place.

Inspectors found that residents, staff and visitors were protected by the IPC policies, procedures and practices in the centre. There were risk assessments and contingency plans in place which were being regularly reviewed and updated. Staff had completed a number of IPC related trainings. There was a template in place for use in the event of an outbreak to demonstrate what went well and any learnings that may have occurred. Antimicrobial stewardship had been considered and staff had completed training in this area.

The provider had appropriate fire safety management systems in place. In each house, inspectors found detection and containment measures, fire fighting equipment and emergency lighting. Residents had personal emergency evacuation plans in place. Documentation in relation to fire drills had improved since the last inspection. Audits were now taking place to ensure that all staff working in the centre had an opportunity to take part in fire drills.

Regulation 17: Premises

Storage remained an issue in the centre - there were large foyer areas in each house which contained cupboards which had residents' care plans, medical files and other personal information. Some residents required mobility aids, commodes and wheelchairs. These were stored in sitting rooms, bathrooms and bedrooms.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre for each resident which met regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

Improvements were required to ensure that the risk register was fully reflective of the actual risks in the centre, and that the risk rating was appropriate to the identified risk and control measures in place. For example 12 of the 14 residents had been identified as having a falls risk. Nine residents were assessed as having a low risk of falls due to the implementation of a number of control measure and three residents were identified as having a medium risk of falls. However, the risk register stated there was a very high risk of falls in the centre. From a review of incidents in the centre there were a high number of falls, and some of these were for residents which had a low risk rating for falls risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Inspectors found that residents, staff and visitors were protected by the IPC policies, procedures and practices in the centre. There were risk assessments and contingency plans in place which were being regularly reviewed and updated. Staff had completed a number of IPC related trainings. There was a template in place for use in the event of an outbreak to demonstrate what went well and any learnings that may have occurred. Antimicrobial stewardship had been considered and staff had completed training in this area.

There was stocks of personal protective equipment available and systems for stock control. Each of the houses were found to be very clean during the inspection and there were schedules in place to ensure each area of each house was cleaned on a regular basis. There were also schedules in place for the cleaning and disinfection of equipment. Regular IPC audits were being completed and residents and staff had access to IPC related information and guidance. They also had access to the advice of an infection prevention and control specialist on site.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had appropriate fire safety management systems in place. In each house, inspectors found detection and containment measures, fire fighting equipment and emergency lighting. Residents had personal emergency evacuation plans in place. Documentation in relation to fire drills had improved since the last inspection. Audits were now taking place to ensure that all staff working in the centre had an opportunity to take part in fire drills.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that residents who required positive behaviour support plans had these in place. These plans had clear guidance for staff, with reactive and proactive strategies outlined to ensure a consistent approach for residents. There were a small number of restrictive practices in place in the centre. These were regularly reviewed and it was evident that there was a focus on skills building and reduction of restrictions, such as coded access to doors.

Judgment: Compliant

Regulation 8: Protection

There had been an increase in the number of safeguarding incidents occurring in the centre. The majority of these were peer-to-peer incidents. These were documented, reported and investigated in line with policy. While there were safeguarding plans in place, inspectors were not assured that residents were safeguarded from abuse at all times. Safeguarding plans listed control measures such as increased vigilance and extra supervision. However, due to the staffing complement and residents' assessed

needs, particularly personal care needs which required two staff for some residents, it was not always possible to ensure that these safeguarding measures could be implemented.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights to have freedom of movement and to exercise choice and control in their daily lives were negatively impacted in the centre due to compatibility of residents in one house, staffing resources and inaccessible transport. Meals continued to come from a centralised kitchen and at the time of the inspection, residents or staff were not cooking meals in their own home.

In one of the houses, due to safeguarding concerns, one resident required to go into their bedroom while another resident had their personal care needs attended to. This was due to a lack of availability of staff supervision to ensure that the resident was not subjected to any incidents by another peer.

Access to transport was another issue which had a negative impact on residents' lived experiences in the centre. Many of the staff working in the centre did not drive the transport, which limited the residents' opportunities to access community settings. Another resident was unable to use the centre's transport as it was not accessible for them. This was identified by the provider and alternative solutions were being explored.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cara Residential Service OSV-0003733

Inspection ID: MON-0031280

Date of inspection: 26/06/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: All rosters will be reviewed to identify clearly whom is rostered in each house daily. All rosters will identify full names of all staff and status to include clear identification of relief and agency staff. Provider will review current roster allocation to ensure adequate supports are provided in line with the needs of all residents in the designated centre.</p>	
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: Provider will ensure all staff have been in receipt of mandatory training in line with service policy.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provider will ensure that all future admissions will be compliant with the criteria for admissions to the designated Centre as per the Statement of Purpose. All planned admissions to the designated centre will have a detailed transition plan in place . All individual preference and needs assessments will be required to be fully completed and signed prior to planned admissions. All individual preference and needs assessments will identify health and social care professionals involved in the assessment. A transition plan had not been completed re: emergency admission, however a familiar staff was assigned to the centre for 2 weeks to ensure the person was supported to</p>	

<p>transition to their new home. All future emergency or unplanned admissions will continue to have a familiar supporting staff to assist with transition to their new home.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Storage has been reviewed by the Service Director of Property, Estates and Technical Services and a plan will be implemented to provide appropriate storage for equipment</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Provider will ensure all risk assessments will be reviewed in the centre. Risk register will be updated to reflect accurate risk ratings for the centre to ensure same is reflective of individual risk ratings</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge will ensure all safe guarding plans are reviewed and listed control measures are adhered to. The person in charge will ensure that there is adequate staffing to ensure that all safeguarding measures can be implemented.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Person in charge will oversee that residents will be provided with opportunity with support of staff to commence the preparation and cooking of meals in their own home at least once per week, in line with their will and preference. To encourage further quality of life experiences as per residents' choice, the person in charge will oversee exploration of alternative transport methods to include, public transport , taxi services and access to Service wheelchair accessible transport in accordance with each individual's mobility needs. The Provider will ensure that supports will be provided to ensure all residents rights to freedom of movement, physical and choice and control are maintained in the designated centre.</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.	Not Compliant	Orange	31/01/2024
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.	Not Compliant	Orange	31/01/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/12/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	29/02/2024
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	19/11/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	31/01/2024

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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