Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Glens
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	06 February 2024
Centre ID:	OSV-0004880
Fieldwork ID:	MON-0042774

About the designated centre

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

In this centre the provider aims to provide an individualised residential service to a maximum of nine residents. The service is delivered in two separate locations; a semi-detached house and an apartment block comprised of three apartments. The location of each facilitates access to the amenities available in the large busy town. Three residents live in the house and each of the three apartments is designed to accommodate two residents. Currently, only one of the three apartments is shared. The model of support is social and a twenty-four hour staff presence is maintained in each location. Residents present with a diverse range of needs and abilities and the support provided is informed by an individual assessment of need that includes domains such as healthcare, education, employment and, meaningful social and community inclusion. Management and oversight of the service is delegated to the person in charge who is supported by a social care leader and a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 6 February 2024	10:00hrs to 18:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's compliance with the regulations and standards. These inspection findings established that this was a well-managed service and, the provider had sustained the good level of compliance found on previous inspections. Challenges did at times arise to the quality and safety of the service provided to residents and these were responded to and addressed. However, it was a busy service where residents' needs were changing and increasing. The provider was responding to these changes, for example by operating the centre at a reduced capacity. However, the provider did not have the staffing levels assessed as needed to resolve challenges such as the absence of compatibility between residents living in one location.

This service is operated from two different locations located a short drive from each other. Three residents live together in a detached house. Four residents live in a purpose built property comprised of three separate apartments. Each apartment has the capacity to provide accommodation for two residents. Currently, due to differing needs and staffing levels four residents reside in the apartments with two residents sharing one apartment.

The inspector had the opportunity to visit both locations and to meet with all of the residents and the staff team on duty on the day of this inspection. The inspection was facilitated by the person in charge who could clearly describe and demonstrate to the inspector how they planned and maintained oversight of the service.

Residents presented with a range of different needs and abilities. For example, some residents have good verbal communication skills while other residents communicate by word or gesture. This was reflected in their engagement with the inspector. For example, on arrival at the apartments the door was answered by a staff member accompanied by a resident. The resident by gesture clearly communicated that they wanted the inspector to go into their apartment first. The resident by gesture asked the person in charge to leave and this was respected. The resident invited the inspector to sit at their kitchen table, seemed to be content with a brief period of direct engagement with the inspector and happy for the inspector to leave once this was facilitated. There was an easy rapport between the resident and the staff member supporting them. The staff member readily interpreted the words and gestures used by the resident.

A second resident was recovering from a recent hospital stay. The inspector noted during the day how staff supported the resident to mobilise. The resident was happy for the inspector to visit their apartment to view the facilities and equipment they were provided with. The resident using words enquired of staff as to when their family was due to visit and was reassured as to the day the visit was expected. There were no restrictions on visits and residents had consistent contact with family,

friends and peers.

Two residents returned to the centre in the late afternoon having been out at different events such as vocational training. These residents commenced sharing the apartment in 2023 and told the inspector that it was working out "brilliantly" for them and that life was "wonderful". Residents were familiar with the inspector and the work of the inspector. One resident discussed a recent concert they had attended and their plans to attend a further concert later this month supported by staff. The resident discussed their vocational training class and hoped it would be extended. The resident shared with the inspector a book a family member had written and published and said they were very proud of them. The resident showed the inspector their recently acquired mobility aid and said they completed their strengthening exercises each day while listening to music. There was much laughter as the resident used their mobile phone to play different songs that might be suitable.

The other resident was actively involved in the internal advocacy programme and there was some discussion of the upcoming national conference though the resident laughed and said that there were details that could not be disclosed to the inspector. This resident lived the principles of advocacy and was a strong and brave advocate for the quality and safety of the service provided to all of the residents.

The inspector visited the second house in the evening. Residents had just finished their evening meal and said they had enjoyed it. One resident said they had been anxiously waiting for the inspector to arrive. One resident had spent the day at their vocational training programme while another resident had spent the day at a community based day service. Both residents said they had enjoyed their day. Both residents without being asked invited the inspector to see their bedrooms. The residents said that they loved their rooms and demonstrated how they liked to relax in their rooms watching television and having a cup of tea. A resident was anxious to know from the person in charge when the person in charge was calling to the house again. The resident was given the day and the time. The resident was hoping to organise a short break away in Kilkenny with a peer with support from staff. The resident said that the person in charge always listened to them and always came back to them when they had a query.

The difference in resident needs was evident as the third resident sat quietly on the sitting room floor listening to some music. The resident used a toy to interact with the inspector and with the person in charge. The resident listened and held good eye contact when spoken with.

The provider had a complaint procedure that was evidently accessible to residents and their representatives. The provider also sought feedback from residents and their representatives to inform the annual service review. The feedback that had been received so far was shared with the inspector and it was positive.

It was evident that there was a shared commitment to provide each resident with the service that was appropriate to their needs, a safe and a quality service. For example, since the last HIQA inspection a resident had successfully transitioned to a

more independent living arrangement in line with their expressed wishes. Where concerns were raised by residents, family or staff members these concerns were responded to and addressed. There were good arrangements for identifying and managing risks. The person in charge was working to ensure that residents had timely access to the services that they needed for their health and wellbeing.

However, the provider while responsive to the changing needs of residents, did not have the staffing levels needed. The provider confirmed that additional staffing recently put in place was not funded and, notwithstanding the efforts made by the provider, business cases seeking additional staffing resources were not sanctioned by the providers funding body. The impact of this will be discussed in the main body of this report.

The next two sections of this report will discuss the governance and management arrangements of the service and how these ensured and assured the quality and safety of the service provided to residents.

Capacity and capability

The management structure was clear and it operated as intended by the provider. There was clarity of roles, responsibilities and reporting relationships. Day-to-day oversight and more formal quality assurance systems were effectively monitoring the service and identifying where improvement was needed. However, while the provider sought to mitigate the impact, the staffing resources for the service were not adequate.

Day-to-day management and oversight of the service was the responsibility of the person in charge supported by two social care workers. The person in charge had ready access to and support from their line manager as needed.

Throughout the day the person in charge could clearly discuss and demonstrate to the inspector their planning and oversight of the service. For example, the inspector discussed concerns that had been raised and complaints that had been received. It was evident that fairness but ultimately the safety and wellbeing of residents and, continually improving and assuring the service they received was the focus when reviewing and investigating these concerns.

Formal quality assurance systems included the annual service review and the quality and safety reviews required by the regulations to be completed at least on a six-monthly basis. Actions did issue from these reviews for example in relation to the updating of residents personal plans and healthcare specific plans. The person in charge maintained an overarching centre specific quality improvement plan that was monitored by their line manager.

The person in charge was aware of each risk that presented in the service and maintained good and consistent oversight of areas such as safeguarding, the use of

restrictive practices, complaints and fire safety. The person in charge appropriately escalated concerns and risks to their line manager, the community manager. The community manager maintained oversight of the effectiveness of the local systems of management.

The person in charge was aware of the importance of ensuring staff received appropriate induction, the opportunity to shadow staff, to learn and improve their practice, ongoing support and supervision. The person in charge actively participated in and completed formal support and supervisions with the staff team with support from the social care leader. Staff members spoken with said that every day was busy but they felt supported. Staff highlighted the explicit staff allocations that were in place each day where staff alternated between apartments. Staff said that this was good for staff but also for the residents who enjoyed the change.

The challenge for the provider in this service was the fluctuating and changing needs of the residents. Overall, residents' needs were increasing as was their requirement for staff support and supervision. The provider was operating the service at a reduced maximum capacity and had recently increased the day-time staffing levels in the apartments. There were now three staff members on duty each day from 09:00hrs to 21:00hrs. Overall however, between both locations the staffing levels and staffing arrangements were not suited to the number and needs of the residents.

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications needed for the role. The inspector saw that the person in charge was well-know to all residents. The person in charge had sound knowledge of each resident, their care and support needs. The person in charge was, based on these inspection findings consistently engaged in the management and oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

The provider did not have in place the staffing resources needed. For example, the provider confirmed that the additional staffing recently put in place in response to changed needs and new risks in the apartments was not funded. The provider was also utilising when possible, at the weekend, staffing hours allocated to another service. This was done to provide some individualised support for another resident. There were three residents living in the house together with support from one staff member. The person in charge said that due to differing needs, abilities and

interests these staffing levels limited resident choice and opportunities for community engagement. The provider had a plan to transition a resident from the house to the apartments due to this absence of compatibility so as to provide a resident with the opportunity to live with peers with similar interests and abilities. This transition was also part of a safeguarding plan. The provider said that it did not have the staffing resources needed to progress the transition plan. The night-time arrangement in both locations was one staff member on sleepover duty. Currently, in the apartments sleepover staff had to get up twice each night to attend to the needs of a resident. While it was hoped that this was not a long-term requirement, the need to be attended to was not resolving. The arrangement of sleepover staff getting up twice each night was not sustainable. Staff spoken with were understanding but said that it was challenging. The person in charge said that it was possible given the increased day-time staffing levels that a staff who had completed a disturbed sleepover shift could be requested to work a day shift. The providers own risk assessment for these staffing levels and arrangements had the highest possible red risk rating.

Judgment: Not compliant

Regulation 21: Records

All of the records requested by the inspector to inform and validate these inspection findings were available to the inspector when requested. For example, records of the inspection and testing of fire safety equipment, records of any complaints received and their investigation, incidents that had occurred and their management and, the ongoing medical review, treatment and care provided to residents.

Judgment: Compliant

Regulation 23: Governance and management

This was a well managed service. The person in charge and the community manager could clearly demonstrate to the inspector how they planned, monitored and took responsive action as needed when concerns arose about the quality and safety of the service. Quality assurance systems such as the quality and safety reviews required by the regulations to be completed at least every six-months were completed on schedule. Quality improvement plans did issue, they were progressed and the person in charge maintained an overarching quality improvement plan. The annual service review sought feedback from residents and their representatives. The feedback seen by the inspector was very positive. Where feedback was received either from this review or on other occasions, identifying areas that could be better, this was acknowledged and addressed by the person in charge through the most appropriate process. The provider managed the service in a way that sought to

improve the quality and safety of the service and mitigate the impact of inadequate staffing resources. For example, a resident had been supported to successfully transition to a more independent model of living and, residents had relocated within the apartments where there were needs that were not compatible in a shared living arrangement. The provider was operating the service with lower resident numbers. However, the provider knew and acknowledged that it did not have adequate staffing resources. This has been addressed above in the context of Regulation 15: Staffing.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre of accidents and incidents that had occurred there were arrangements in place that ensured the Chief Inspector was notified of events such as the use of any restrictive practice or, any injury sustained by a resident.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the hall. Residents and their families were supported to access and use the complaints procedure if there was an aspect of the service provided that they were not happy with. A record was maintained of their complaints, the action taken in response and, any improvement measures put in place. The complaints officer maintained oversight of how complaints were managed and ensured feedback was sought that established complainants were satisfied. The person in charge was satisfied that there were no obstacles to residents raising concerns and ensured they were not adversely impacted by virtue of having raised concerns.

Judgment: Compliant

Quality and safety

This was a well-managed service where management was focused on providing each resident with the service that was best suited to their needs, safe and, supported residents to enjoy a good quality of life. Largely, this was achieved and

residents presented as engaged and happy with life. Staffing levels as discussed in the last section of this report did however limit the appropriateness, quality and safety of the service.

For example, the provider itself had identified that in the context of each residents disability there was an absence of compatibility between the needs and abilities of the three residents who lived together in the house. The provider had a plan to transition a resident to the apartments where they would have the opportunity to live with peers with similar abilities and interests. The provider was aware that while the resident presented as content in the house their placement limited the general welfare and development opportunities that the resident had.

This absence of compatibility had other impacts as, while they were infrequent, there was a risk for negative interactions between residents. Mealtimes appeared to be a particular trigger for such incidents. The positive behaviour support plan was currently under review with the positive behaviour support team in consultation with the staff team. The person in charge monitored incidents to ensure that supportive strategies were implemented by staff. For example, it was possible that a resident in the context of their needs including their communication differences, felt excluded and used behaviour to communicate this. However, the transition plan mentioned above was also a control in the safeguarding risk assessment. The provider said that it did not have the staffing resources to progress the plan.

There were other safeguarding considerations. Any concerns raised were responded to by the person in charge and measures were taken to protect residents from harm and abuse. However, it was unclear to the inspector based on records reviewed why one concern raised was not screened as a safeguarding matter. The reported concern related to an alleged failure to act resulting in a residents physical and personal care needs not being attended to in a timely and dignified manner and, as set in the personal plan. The matter was investigated by the person in charge and failings, omissions and, corrective actions were identified. The investigation was not completed however under the framework of the providers safeguarding policies and procedures. The person in charge and the community manager said that this decision was based on wider internal consultation.

The person in charge had a solid understanding of risk and how it was managed so as to keep residents safe while not impacting on their quality of life. For example, the person in charge had good processes in place for reviewing controls that were restrictive. Alternatives were trialled and their impact and effectiveness was monitored so that residents experienced the minimal level of restrictions in their daily routines.

The person in charge maintained consistent oversight of accidents and incidents that occurred, reviewed how they had occurred, how they were managed and, identified what learning if any was needed. Corrective and preventative actions were evident for example in the detailed falls prevention and management plans put in place by the person in charge.

Good oversight was maintained of fire safety including ensuring that residents and

staff members could be evacuated from both locations.

Regulation 11: Visits

Residents were supported to have contact with family and home in line with their individual circumstances. The person in charge confirmed that there were no restriction on visits. One resident met with was currently unable to visit home due to their changed needs and was looking forward to having a visit from their family.

Judgment: Compliant

Regulation 13: General welfare and development

The majority of residents engaged in a broad range of community based activities. Residents had the opportunity to volunteer and to complete further education and training if they wished. For example, two residents spoken with said that they were enjoying their vocational training classes. Another resident was pursuing their interest in genealogy. Where residents had higher needs they were supported by staff to access the community and engage in activities such as swimming and boccia. Residents spoke of their enjoyment of, and plans for, trips away to concerts and short holiday stays supported by staff. Residents also said that they liked to relax at home listening to some music and watching their favourite television shows. However, the provider was aware that staffing levels and the differing needs and abilities of the residents in the house limited residents' opportunities, choices and preferences particularly in the evenings and at the weekends.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge maintained good and consistent oversight of risk and its management. New or increased risks were recognised and responded to such as a risk for falls and risks related to movement techniques in resident care. The person in charge sought input from persons with the required knowledge in assessing these risks and putting controls in place. There were good arrangements for reviewing and learning from accidents and incidents that occurred. Responsive actions included medical referral for a comprehensive review of healthcare needs. Risk control measures were proportional to the level of risk identified and did not unreasonably impact on residents quality of life. The person in charge, in line with the providers risk management policy, escalated high level risks to their line manager.

Judgment: Compliant

Regulation 28: Fire precautions

Good oversight was maintained of the centres fire safety procedures. Each location was equipped with a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices. Records seen by the inspector confirmed these systems were inspected and tested at the appropriate intervals. The person in charge monitored each staff members and each residents participation in the simulated evacuation drills. The records of these drills indicated that all staff and residents could be evacuated in a timely manner. Where there was a change in resident needs the person in charge ensured that the review of their care and support included the review of the effectiveness of their personal emergency evacuation plan.

Judgment: Compliant

Regulation 6: Health care

The person in charge ensured that residents had access to the care and support that they needed. For example, at the time of this inspection the person in charge and the social care worker were putting arrangements in place to ensure referrals such as to physiotherapy and community based nursing services were progressed in a timely manner for a resident. In response to residents changing needs additional training had been sourced for staff such as in the provision of personal and intimate care and, the prevention and management of falls. Residents were spoken with so that they understood the importance of and the benefit to them of their care plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required a positive behaviour support plan was in place. In consultation with the positive behaviour support team staff were completing monitoring tools so as to best inform behaviour support strategies and to ensure that every effort was made to identify and alleviate the cause of behaviour that challenged.

The person in charge ensured that alternative measures were used or less restrictive measures were used where there was an identified risk to resident safety. For example, the person in charge could clearly demonstrate why a kitchen door was

locked at night as opposed to locking individual presses and, why a sensor on a door as opposed to locking a door had actually resulted in a more disturbed sleep pattern for a resident due to sensory stimulation.

Judgment: Compliant

Regulation 8: Protection

The person in charge acted on any concerns raised about the safety of the support provided to residents. The person in charge was supported in that regard by their line manager and actions were taken to protect residents from abuse. However, it was unclear from records seen why one concern raised was not screened as a safeguarding matter. The reported concern related to an alleged failure to act resulting in a residents physical and personal care needs not being attended to in a timely and dignified manner and as set in the personal plan.

A transition plan was a control in a safeguarding risk assessment. The provider said that it did not have the staffing resources needed to progress the plan.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected and promoted the individuality of residents. Residents were consulted with and had reasonable input into the care and support that they received. For example, the provider had supported a resident to transition to more independent living in line with their expressed preferences. The provider had supported residents to move apartments and gave residents choice as to who they would like to live with. The provider had put additional staffing in place so a resident could return to the centre from the acute hospital. However, staffing levels in the house did limit the amount of choice and control that a resident had in their daily routine. This has been addressed above in Regulation 13; General Welfare and Development. One resident was an active member of the internal advocacy forum and had a solid understanding of residents' rights. Residents were supported to raise concerns and they were listened to.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Glens OSV-0004880

Inspection ID: MON-0042774

Date of inspection: 06/02/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of residents, the statement of purpose and the size and the layout of the designated centre by: • Approval of the outstanding business case with the funding provider – assurances received that business case will be approved by Q2 2024. • When required funding is received, the roster will be reviewed in full, supports will be assigned to residents and across the Glens DC as a whole and the outstanding transition and compatibility plan will be progressed to reflect the assessed needs and preferences of the residents. [Completion Date: 30/09/2024]	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his/ her wishes by: • On receipt of required funding, the remaining outstanding transition plan will be progressed to ensure adequate staffing is assigned to residents, and suitable housing is provided; which will facilitate the opportunity, choice and preferences of all residents living across the Glens and will promote compatability between residents.	

[Completion Date: 30/09/2024]	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The registered Provider shall ensure that residents are protected at all times as follows: • Learning from this inspection and judgement under Regulation 8 – Protection has been shared by the PIC & PPIM at residential management meetings to the wider PIC team and SMT – complete: 08/02/2024. • On receipt of required funding, outstanding controls within the safeguarding plan, including transition and compatibility plans will be progressed to support residents' opportunity, choice and preference. [Completion Date:30/09/2024]	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/09/2024
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	30/09/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of	Substantially Compliant	Yellow	30/09/2024

	abuse.			