



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

## Issued by the Chief Inspector

Name of designated centre:	Glen 1
Name of provider:	Avista CLG
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	05 June 2024
Centre ID:	OSV-0004907
Fieldwork ID:	MON-0035000

## About the designated centre

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

Glen 1 designated centre is located on a campus setting and provides a residential service for up to 18 adults with an intellectual disability who require moderate to high support interventions. The centre is located in a suburb of Co. Dublin with access to a variety of local amenities. The centre is nurse led and residents are supported 24 hours a day by a team comprising of a person in charge, clinical nurse manager, staff nurses, social care workers, healthcare assistants and household staff. Residents are supported to engage in a range of activities which were meaningful to them both in the community and on the campus where the centre is located. The designated centre consists of three bungalows. In the bungalows, there is a main living room and a smaller sitting room where residents can meet family and friends or have some personal space. There is a shared dining space and kitchen area. There are two bathrooms and one toilet and six bedrooms with a sink, in each bungalow. Each bungalow has a private garden area which leads into the main centre grounds. There is a restaurant within the inner garden of the main centre which is accessible to all residents, staff, families, friends and volunteers and offers a wide variety of food to suit all dietary requirements. There is also a quiet reflection chapel where residents can express their spiritual needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	16
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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 5 June 2024	09:30hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the provider's regulatory compliance within one of their residential campuses and inform a recommendation to renew the registration of a designated centre. Over two days, inspectors of social services completed an inspection of each of the three designated centres on the campus. This included meeting senior management to discuss oversight and progress with quality improvement initiatives for the wider campus. Overall, the inspectors found improved and high levels of compliance with the regulations. Effective governance and oversight systems had identified and addressed issues in response to residents' needs and non-adherence to the regulations. From what the inspector observed, there was evidence that the residents living in this centre received good quality care and support.

The centre comprised of a three separate bungalows located adjacent to each other on a residential campus based setting. There were two other designated centres based on the same campus. In addition, there was a day service building, a restaurant, office space, a number of communal gardens and a small chapel located within the campus which residents could access. It was located in a semi rural setting but close to a public park and a short drive from a local town with a number of shops, hotel, restaurants and bars. Each of the bungalows had their own private garden and court yard areas. The centre was registered to accommodate 18 adult residents but there were two vacancies at the time of this inspection. Consequently there were six residents living in one bungalow and five residents living in each of the remaining two bungalows with one vacant bed in each of these houses.

There were long-term plans to de-congregate the centre in line with the HSE's "Time to Move On from Congregated Settings : A Strategy for Community Inclusion, (2011)". A defined time frame for the de-congregation of the centre had not yet been determined. A discovery process to determine the residents' needs, will and preferences in relation to their future life plans as they transition to live in their own home within the community had not yet been undertaken.

Each of the residents had been living together for an extended period and were reported to get along well together. The majority of the residents were progressing in years and had significant medical and care needs. This was a nurse led service and residents were supported by a multidisciplinary team, including a clinical nurse specialist in dementia, speech and language therapy, occupational therapy, physiotherapy, a consultant physician, a general practitioner and a consultant psychiatrist.

Over the course of the inspection, the inspector met briefly with each of the residents. Although the majority of the residents met with, were unable to tell the inspector their views on the quality of the service, they appeared in good spirits. A resident was noted to go out for a walk with staff to a local scenic area while another resident had reflexology from a therapist who visited the centre on a regular

basis. One of the residents indicated to the inspector that they were looking forward to going out for lunch with a staff member to a local café. Residents in one of the houses were observed to enjoy watching and singing along to a popular country music artist on the television. A number of residents engaged in sessional activities in the day service building located on the campus. Two of the residents had gone on holiday together in the preceding period. Lunch period was observed in one of the houses where the residents present required staff assistance with their meal. This was observed to be undertaken in a kind and dignified manner.

There was evidence that residents and their representatives were consulted and communicated with about decisions regarding their care and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meetings in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had consulted with residents' families as part of its annual review of the quality and safety of the service and the feedback from families was positive. Other records were also maintained of positive feedback and comments received from family members. Residents, with the support of staff and a small number of relatives had completed an Office of the Chief Inspector questionnaire regarding the quality of care provided in the centre. The responses indicated that residents and their families were happy with the care provided.

Residents were supported and encouraged to maintain connections with their friends and families. A number of the residents were supported to visit their family home on a regular basis and visits by friends and family to the centre were facilitated. There were no restrictions on visiting in the centre. Each of the houses had a main communal sitting and dining area and a separate small visitors room.

There were regular resident meetings in the centre and residents' rights were discussed as part of these meetings. Residents were observed to be treated with dignity and respect and staff were noted to interact with the residents in a caring and respectful manner. There was a human rights officer in place within the organisation who was available as a resource for staff and residents. Staff were observed knocking and seeking permission before entering residents' bedrooms. There was a safety pause at each staff handover whereby staff paused to consider a number of matters including human rights based approach to care. There was an advocacy group across the campus which met on a regular basis and discussed rights based matters.

Overall, residents were supported to engage in meaningful activities in the centre and in the community. A number of the residents were engaged in the day service programme located on the campus on a sessional basis. There was a small chapel on the campus and it was reported that some of the residents enjoyed visiting the chapel for prayers and reflection. Examples of other activities that residents engaged in within the centre and in the community included, walks within the campus and to local scenic areas, retirement club, meals out, concerts, overnight

hotel stays, church visits, beauty treatments, jewellery making, arts and crafts and shopping. An activity log was maintained for each of the residents as part of 'quality of life indicators' records.

The centre had access to a number of vehicles. Two of the houses had each their own car but could also access additional cars within the campus if required. The third house did not have their own assigned car but could access a campus vehicle. The usage of these vehicles was coordinated by the providers transport manager. This could be used to facilitate residents to access community activities and visits to families. Each of the houses had private rear gardens and court yard areas with seating for outdoor dining and activities. In addition, residents also had access to a number of communal areas on the campus and a memorial garden which included plaques with the names of residents who had passed away.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The person in charge was suitably qualified and experienced. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge was a registered general nurse and held a certificate in managing people. She had more than 16 years management experience and presented with a good knowledge of the requirements of the regulations. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly-defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a clinical nurse manager, grade 1 (CNM1) and senior staff nurses. The person in charge reported to a clinical nurse manager, grade 3 (CNM3) who in turn reported to the service manager. The person in charge and service manager held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, health and safety walk arounds, finance, incident reports, personal plans and medication. There was evidence that actions were taken to address issues identified in these audits

and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings. A number of improvements had been completed since the last inspection and had resulted in positive outcomes for residents. For example, inadequate storage had been identified as an issue at the time of the last inspection in one of the houses. subsequently the provider had put in place a new storage facility at the rear of that house which removed the necessity to store larger pieces of equipment within the residents living area.

The staff team were found to be appropriately qualified and experienced to meet the residents' needs. This was a staff nurse-led service with a registered staff nurse rostered on each shift. There were 5.3 whole time equivalent staff vacancies at the time of inspection. These vacancies were being filled by regular agency and relief staff. Although efforts were made to use regular agency staff, there was a potential that this would not always be possible and consequently have a negatively impact on the consistency of care for the residents. Recruitment was underway for the positions. Each of the residents had assigned key workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge. The actual and planned duty rosters were found to be maintained to a satisfactory level. A sample of staff files were reviewed and found to contain all of the information required by the regulations.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector of Social Services, within the time frames required in the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The person in charge presented with a sound knowledge of the regulatory requirements and of the care and support needs for each of the residents.

Judgment: Compliant

#### Regulation 15: Staffing

There were six whole time equivalent staff vacancies at the time of inspection. Although efforts were made to use regular agency staff there was a potential that this would not always be possible and consequently have a negatively impact on the consistency of care for the residents. A sample of three staff files were reviewed and found to contain all of the information required by the regulations.



Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their role. All training was coordinated centrally and records showed that staff had attended all mandatory training and refresher training where required. A sample of staff supervision record reviewed showed that staff were receiving appropriate supervision in line with the frequency proposed in the providers policy.

Judgment: Compliant

### Regulation 23: Governance and management

Suitable governance and management arrangements were in place. The provider had completed an annual review of the quality and safety and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. There were clear lines of accountability and responsibility.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were contracts of care which included details of the services to be provided and the fees payable. An accessible version of the contract of care for residents was also available. There had been no recent admissions to the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector in line with the requirements of the regulations. Overall, there were relatively low numbers of incidents in this centre. There were arrangements in place to review trends of incidents on a quarterly basis or more frequently where required.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were appropriate complaint procedures in place. Information about the complaint procedure were on display in the centre. There was a nominated complaint officer. Staff spoken with were aware of the complaint process and the process was discussed with residents as part of house meetings. Contact details for the confidential complaint recipient was available in each of the bungalows. There were no open complaints at the time of inspection. There was evidence that complaint records included all of the required information, including if the complainant was happy with the outcome of the complaint.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A suite of policies and procedures were in place on the matters set out in schedule 5 of the regulations. The policies were readily accessible to staff in each of the bungalows. The policies were found to be subject to regular review in line with the frequency proposed in the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place, which had recently been reviewed and was found to include all of the information required by the regulations.

Judgment: Compliant

## Quality and safety

The residents living in the centre appeared to receive person- centred care and support which was of a good quality. However, some improvements were required to ensure that a review of residents personal plans was undertaken in line with the

requirements of the regulations.

The majority of residents living in the centre had high support and medical needs. Overall, residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. An end of life care plan had been put in place for a resident identified to require same and reflected the assessed needs of the resident and was in line with best practice in this area. A staff nurse was rostered on each shift to ensure that residents' medical needs were being met. There was a health action plan for each of the residents which included an assessment and planning for individual resident's physical and mental health needs. Personal care plans and support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication and personal care needs and choices. Detailed communication passports were in place to guide staff in supporting the resident to effectively communicate. There were goals and activities identified for a number of residents but this was not evident for a small number of residents. Monitoring of progress in achieving identified goals were documented. An annual review of personal plans had not been undertaken in line with the requirements of the regulations, for a number of the residents. For example, in some cases, it was not clear if the review assessed the effectiveness of the plan in place and was conducted in a manner that ensured the participation of residents' representatives where appropriate, as required by the regulations.

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments had been completed and were subject to review. A living risk register was maintained. There was evidence that a 'safety pause' was completed at each shift handover whereby staff paused to note specific safety issues. For example, safeguarding plans, infection control, feeding and eating guidelines for individual residents and behaviours of concern. A new storage facilities for medical equipment had been established to the rear of one of the bungalows as storage had been identified to be limited in that house. A risk assessment and management plan had been put in place for same. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidents. Suitable arrangements were in place for the management of fire.

There were suitable infection control procedures in place. Overall, areas were found to be in a good state of repair. However, there was some worn paint on walls and wood work in a small number of areas. In addition, there was some worn surfaces on work tops and radiators in the laundry room in two of the houses, there were broken surfaces on a number of surfaces in the staff office in each of the houses and the surface of a small number of the kitchen press doors and kick boards in two of the houses were broken in areas. This meant that these areas could be more difficult to effectively clean from an infection control perspective. A cleaning schedule was in place which was overseen by the person in charge and CNM1. All areas appeared clean. Colour coded cleaning equipment was available. Household members of staff were in place and assigned responsibility for cleaning. Sufficient

facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to hand hygiene had been provided for staff.

There were measures in place to protect residents from being harmed or suffering from abuse. Safeguarding plans were found to be in place for residents identified to require same. Staff spoken with, were knowledgeable about safeguarding procedures and of their role and responsibility in the event of disclosure or observing an abuse. Appropriate arrangements were in place to report and respond to any safeguarding concerns. The provider had a policy for the protection of vulnerable adults and the management of allegations of abuse.

Residents were provided with appropriate emotional and behavioural support. Residents presented with minimal behaviours that challenge. Support guidance for managing behaviours for small number of residents identified to require same, were in place. There were a number of restrictive practices in place which were subject to regular review. There was evidence that following a recent review, a restrictive practice to lock the front door during the day had been removed.

### Regulation 17: Premises

The centre was comfortable and homely. As identified under regulation 27, maintenance was required in some areas but overall the centre was in a reasonable state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were suitable risk management arrangements in place. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable infection control procedures in place. However, it was noted that there was worn and chipped paint on a small number of walls and woodwork in each of the bungalows, some worn surfaces on work top and radiator in the laundry

room in two of the houses, there were broken surfaces on a number of surfaces in the staff office in each of the houses and the surface of a small number of the kitchen press doors and kick boards in two of the bungalows were broken in areas. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner. There were identified fire marshalls in each of the houses.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Overall, residents' medical needs and welfare was maintained by a good standard of evidence-based care and support. However, an annual review of personal plans had not been undertaken in line with the requirements of the regulations, for a number of the residents. For example, in some cases, it was not clear if the review assessed the effectiveness of the plan in place and was conducted in a manner that ensured the participation of residents' representatives where appropriate, as required by the regulations

Judgment: Substantially compliant

### Regulation 6: Health care

The residents' health needs were being met by the care and support provided in the centre. There was a registered staff nurse rostered on duty at all times. Detailed health action plans were in place. Records were maintained of all contacts with health and social care professionals.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional support. Behaviour support plans were in place for residents who were identified as requiring that support. Overall residents presented with minimal behaviours of concern. There were a number of restrictive practices in place which were subject to regular review. There was evidence that reviews had taken place in 2022 and 2023 by the person in charge, following which a restrictive practice to lock the front door during the day had been removed.

Judgment: Compliant

## Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Safeguarding plans were in place for residents identified to require same. Safeguarding information was on display and included information on the nominated safeguarding officer. Residents appeared to be provided with appropriate emotional support. Overall residents presented with minimal behaviours which impacted upon the safety of other residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were found to be upheld in this centre. Staff were observed to treat residents with dignity and respect. There were regular resident meetings in the centre and residents rights were discussed as part of these meetings. Staff were noted to interact with the residents in a caring and respectful manner. There was a human rights officer in place within the organisation who was available as a resource for staff and residents. Each of the residents had their own bedroom which had been personalised to their own taste. The majority of the staff team had completed training in relation to residents's rights which the remaining were scheduled to attend this training. There was a safety pause at each staff handover whereby staff paused to consider a number of matters including human rights based approach to care. There was an advocacy group across the campus which met on a regular basis and discussed rights based matters.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Glen 1 OSV-0004907

Inspection ID: MON-0035000

Date of inspection: 05/06/2024

## 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: The provider is committed to ongoing recruitment of staff to fill vacancies. Since registration inspection</p> <ul style="list-style-type: none"> <li>• 2 WTE staff nurses commenced and in position 8.7.24 and 15.7.24</li> <li>• 1 WTE CNM1 assigned to glen 1 commenced on 22.7.24</li> <li>• 2 WTE Care assistant and 2 WTE staff nurses onboarding as part of recruitment process.</li> <li>• Regular Relief staff are also assigned to designated centre for continuity of care.</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Person in charge (PIC) maintains governance &amp; oversight through a maintenance log.</li> <li>• Service manager and maintenance meet to review priorities of work monthly.</li> <li>• Broken surfaces in the office, a quote has been obtained for updating of office spaces. Service manager to review budget by 31.8.24 to develop a plan to address the work required.</li> <li>• Kitchen press doors and counter tops will be replaced on a phased basis in the centre by December 2025.</li> <li>• Maintenance works, including painting, have commenced across the centre.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The provider has completed the following to comply with regulation 5.</p> <ul style="list-style-type: none"> <li>• Multi-Disciplinary Team meetings scheduled for 17.9.24</li> <li>• Invitations have been sent inviting support individuals and family members/key support</li> </ul>	

people to the meetings.

- Avista's multidisciplinary team members have been invited.
- Easy read care plan developed for residents identifying their assessed needs and supported by keyworkers to review their care plan prior to attending MDT meetings by 31.8.24.
- All personal plans will be reviewed by 17.9.24 to ensure the review of the assessed needs is effective and the personal plan is supporting the residents.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	31/12/2025

	infections published by the Authority.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/09/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2024