



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

Issued by the Chief Inspector

Name of designated centre:	Woodvale Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	23 & 24 April 2024
Centre ID:	OSV-0003058
Fieldwork ID:	MON-0034571

About the designated centre

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

Woodvale provides residential services to adults with an intellectual disability. The service provides 11 full-time residential placements to male and female residents who are over 18 years of age and have intellectual disability and or autism or mental health difficulties. Some residents are provided with individualised day programmes which incorporate home-based activities. The designated centre consists of two houses. Both houses are two storey dwellings and are located in a suburban area of Co. Dublin. They are close to a variety of local amenities such as shops, parks and hotels. There are gardens to the front and rear of both houses. Both houses are a short distance from each other. Residents are supported by a staff team that includes a nurse manager, nurses, social care workers and care assistants. Each house has its own transport to support residents access their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Tuesday 23 April 2024	09:25hrs to 16:30hrs	Sarah Cronin	Lead
Wednesday 24 April 2024	09:00hrs to 13:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told us, and what the inspector observed, this designated centre was supporting people to have a good quality of life. Overall, this inspection had positive findings. Some improvements were required in residents' rights, premises, admissions and contracts of care and in the management of complaints. These are discussed in the body of the report.

The designated centre is made up of two houses and is registered for eleven residents. There was one vacancy on the day of the inspection. The first house is home to five residents and is a two-storey house based in a housing estate in a suburb in west Dublin. The ground floor of the house comprises two resident bedrooms, an accessible bathroom, a utility room, a sitting room and a large kitchen and dining room. The house has a beautiful garden to the rear, with a swing for one of the residents to use. Upstairs there are three resident bedrooms, a staff sleepover room, two bathrooms and another sitting room.

The second house is a short distance away and is a large two-storey house. There were five residents living in the centre on the day of the inspection. Downstairs comprises a sitting room which leads into a kitchen and dining area. There is a small office, an accessible bathroom and two residents' bedrooms. Upstairs there are four bedrooms and a bathroom. One of the bedrooms was vacant and due to be turned into a relaxation space for residents. This required works such as replacing the flooring and removing mould from the window. The bathroom upstairs required refurbishment. Funding was secured and the provider reported that they were due to commence works in the months following the inspection.

The inspector spent time in the first house on the first day of the inspection and went to the second house the following morning. They had the opportunity to meet with all ten of the residents over the two days. Some of the residents used speech to communicate, while many of the residents presented with higher communication support needs and communicated using body language, vocalisations, idiosyncratic words, eye contact and leading staff by the hand to items they wanted. All of the residents required the staff to know them well in order to best interpret and respond to their communication signals. The inspector observed all of the residents to appear comfortable and content in the company of staff. Interactions were observed to be friendly and kind. Staff were observed to gently encourage residents to be independent in showing the inspector their bedroom, or in getting their own snacks from the kitchen.

On arrival to the first house, the inspector observed residents going about their morning routines. One of the residents went out to their day service, while others relaxed for the morning. The inspector met with one resident who spoke about their experiences of the house and their routines. They said that they liked living there and described the staff as 'great'. The resident had completed a questionnaire which had been sent out prior to the inspection taking place. This showed that they

enjoyed their activities, that they were happy with the support they received and with the meals on offer. The inspector met and observed both residents again in the afternoon. One resident was noted to move freely around the house and appeared to be happy swinging on their swing in the back garden. Another took the inspector by the hand and showed them their bedroom. This was nicely decorated and reflective of the resident's interests.

In the second house, the inspector met with three residents in the sitting room on their arrival. Two of the residents went to their day service, while the third showed the inspector their bedroom. Their bedroom was beautifully decorated, and the resident showed the inspector family photographs and their guitar. They had access to activities such as colouring, cards and word searches and had a desk in the sitting room. They were observed to be playing cards at the kitchen table later in the morning. Another resident gave the inspector permission to go to their room. The resident had recently moved into a bigger room in the house, and it had been decorated in line with their interests. They had posters of their favourite musicians on display in addition to photographs. The resident told the inspector they were delighted with their bedroom and their new bed. They appeared to enjoy watching music videos on their tablet. They planned on going out with staff for a pizza later in the afternoon.

Questionnaires were sent out to the centre prior to the inspection taking place and the inspector received eight questionnaires in total. One resident had completed this independently, two family members had completed them on behalf of residents and the remainder were completed on residents' behalf by staff members. The inspector also had correspondence from two family members. The questionnaires seek feedback on residents' satisfaction with different areas of the service such as the physical space, staff support, meals, making choices and rights. The questionnaires indicated that for the most part, that residents were happy in their homes and received a good standard of care. One family member stated that while their relative was non-verbal, that staff knew their likes and dislikes and kept the family informed. Another stated that "I have found the staff to be excellent as they know (my relative) very well and always have their best interest at heart". Another family member stated that the house was run "like a family", "happy" and "very welcoming". Some of the questionnaires indicated that residents were happy with their choice of meals, with items of new furniture purchased such as a double bed and a new bedroom.

Residents were reported to be involved in activities of their choice such as going to musicals, going shopping, using their tablet, watching television and enjoying meals out. Some residents attended a day service between two and three days a week. Additional hours had been assigned to the centre to facilitate residents to attend their day service- sessional activities offered or other activities within the community, thus improving the quality of life for the persons residing in the centre.

Staff in the centre had completed training in a human-rights based approach to health and social care. The inspector had the opportunity to meet with four staff over the course of the two days. Staff described examples of promoting residents' rights in day-to-day life. For example, offering more choices, recognising the need to

offer people individual choices and to give information in an accessible way. Residents in the centre were supported to be consulted with and participate in the running of their home. In both houses, residents met with staff on a one-to-one basis, rather than having a group meeting. This was done to provide communication supports on an individualised basis and to share information about meal planning, skills relating to finances and meal planning. However, one resident's right to be consulted with about their care and support and their current placement was not upheld by the provider. For example, a discussion was held about completing an assessment relating to their suitability of placement in their home. The resident had not been informed about this discussion, nor had their views been sought.

The next two sections of the report present the findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the care and support being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, improvements were required in the management of complaints, in premises, in residents' rights and in admissions and contracts of care.

This inspection was carried out in order to inform a decision in relation to the application to renew the registration of the designated centre. The provider had a clear management structure in place which outlined lines of authority and accountability. Staff reported to the person in charge, who in turn reported to the person participating in management and to the service manager for community residential services. There were on-call arrangements in place to support staff out-of-hours or when the person in charge was on leave. The provider had systems in place to monitor and oversee the centre which included the annual review, six-monthly unannounced provider visits, and a schedule of audits, which were carried out by delegated staff and the person in charge.

The person in charge was suitably experienced and qualified in their role. Their supernumerary hours had increased since the last inspection to 19.5 hours. However, due to the complexities of the residents and the number of residents, they reported that this was often increased where it was required. The inspection found that the provider had resourced the centre with enough staff who had the required skills to best support the residents. The person in charge was found to have an appropriate level of knowledge, skills and experience to fulfill the duties of their role to a high standard. Staff had received appropriate training and ongoing supervision to ensure that they continued to develop knowledge and skills to support residents. The residents' contracts of care were found to require review to ensure that they were accurately reflecting the fees payable by residents in light of their new tenancy arrangements. This is discussed under Regulation 24: Admissions and the contract

for the provision of services.

The management of complaints required review to ensure that complaints were appropriately managed in a timely fashion. This is discussed under Regulation 34: Complaints Procedure.

Registration Regulation 5: Application for registration or renewal of registration

The inspector viewed the registration documentation which was submitted to the Office of the Chief Inspector of Social Services prior to the inspection taking place. All of the required documents were submitted and found to be in line with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the person in charge's prescribed information which was submitted prior to the inspection taking place. This information demonstrated that the person in charge had the required qualifications, skills and experience necessary to manage the designated centre. The person in charge had worked in the centre for over ten years and it was evident that they knew each of the residents well. The person in charge worked full-time and had half of that time assigned as supernumerary to fulfill their duties as person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector viewed the planned and actual rosters for five weeks prior to the inspection taking place. The rosters demonstrated that the number and the skill-mix of staff were appropriate to the number and assessed needs of residents, by day and night. Rosters were found to be well maintained. While there were vacancies in the centre, the rosters demonstrated that these shifts were either filled by members of the staff team, or by regular relief staff. This enabled the residents to enjoy continuity of care in their home. Since the last inspection, additional hours had been put in place which enabled a resident to access services in their community. Staff reported that this increase had been very beneficial to the resident availing of these hours.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and found that staff had completed training identified as mandatory by the provider such as fire safety, safeguarding, manual handling and food safety. Staff had completed additional training relevant to residents' assessed needs such as managing feeding, eating, drinking and swallowing difficulties, managing behaviours of concern and in human rights. The provider had recognised the need for staff to have additional training in supporting people with autism, and reported that a new course had been developed within the organisation, which was due to be rolled out in the months following this inspection. The person in charge demonstrated good oversight of staff training needs, and also kept a training record for regular relief staff to ensure that their knowledge and skills were in line with residents' assessed needs.

The inspector viewed a sample of six staff supervision records. These demonstrated that supervision was taking place in line with the providers policy, and that supervision served as both a support and monitoring review to ensure that where action was required, for example in completing training, that the staff was aware of these areas. This ensured ongoing learning and development for the staff team.

Judgment: Compliant

Regulation 22: Insurance

The inspector reviewed the provider's contract of insurance prior to the inspection taking place and found that it met regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure in place, with the staff reporting to a social care worker, who in turn answered to the person in charge and to the person participating in management. There were on-call arrangements in place, and the inspector observed the on-call roster on display in houses to ensure staff could quickly access this information when it was required.

The provider had carried out an annual review and two six-monthly unannounced provider visits in line with regulatory requirements, which the inspector viewed.

These reviews included visits to both houses to ensure adequate monitoring and oversight of all of the designated centre took place. Through these reviews, the provider was found to be identifying areas requiring improvement, and actions were reviewed at monthly meetings to ensure that they were progressed in a timely manner.

Monthly staff meetings took place in each house. A review of minutes from four staff meetings was completed. This indicated that there was a standing agenda in place which included incidents and accidents, staff training, audits, safeguarding and on the care and support of residents. The person participating in management and the person in charge met on a monthly basis and these meetings also had a standing agenda in place to ensure that all aspects of the service were reviewed. The person in charge attended social care leader meetings on a monthly basis and this forum was used to share information. For example, a recent meeting discussed medication errors and safety alerts which were then shared with staff. The provider had a schedule of audits in place for each house to ensure ongoing monitoring of key aspects of the service. These included audits on risk, incidents and accidents, care and support of residents, fire, finances and medication.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector viewed a sample of five contracts of care. In one of the houses, residents were paying the residential support services maintenance and accommodation contributions (RSSMAC), and this was reflected in their contract of care. However, the financial assessments and amounts in the contracts required updating in line with changes in some residents' income.

However, in the second house, the residents' arrangements had changed, and they were now tenants of a housing association. Rather than paying the RSSMAC, they now paid a number of standing charges for rent, maintenance, utility bills and groceries. These had not been updated in the contracts of care, and clarity was required on what fees residents were now required to pay under this new arrangement and what other charges residents were required to pay.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector reviewed the provider's Statement of Purpose prior to the inspection taking place. The statement of purpose met regulatory requirements. It was regularly reviewed and found to be reflective of the designated centre which the

inspector observed on the day.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector viewed the complaints log, the complaints book and the policy relating to complaints. They found that there were inconsistencies in documentation relating to complaints, and that complaints had not been responded to by the provider in line with their complaints policy.

For example, the complaints log demonstrated that no complaints had been made. However, a review of the complaints book indicated that two complaints had been documented relating to complaints made in February and March 2024. However, these complaints were only documented on the day prior to the inspection taking place. It was unclear whether these complaints had been escalated to the designated complaints officer in line with the policy, and therefore whether or not the complainants were satisfied with actions taken, or what the status of each complaint was. While it is acknowledged that the provider took some actions to address concerns such as holding meetings and reviewing risk assessments and assessments of need, the inspector was not assured that complaints were documented in a timely manner, or that they were being actioned in line with the provider's policy.

Judgment: Substantially compliant

Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in residents' rights and in the premises.

As outlined at the beginning of the report, a number of residents in the centre presented with complex communication needs. There were support plans in place outlining each residents' communication profiles and the inspector found these to be clear and easy to understand. Residents were supported to do a range of meaningful activities in their home and in the community. Activity logs were kept and overseen by the person in charge to ensure that these opportunities were provided for residents. The provider had policies in place to safeguard residents. There had been some peer-to-peer incidents occurring in the centre. The provider had safeguarding plans in place, and had sought input from the multidisciplinary team to best support all of the residents living in the house. There were

safeguarding plans in place , and this included adapting the environment for one resident to have a quiet space to spend time in. This was reported to be working well in reducing incidents.

Since the last inspection, there were improvements in the area of positive behaviour support. Residents who required positive behaviour support plans now had these in place. Restrictive practices in place were reviewed on an ongoing basis.

Residents' rights were found to be promoted by staff. However, the provider had not consulted with a resident on their views and wishes relating to their residential placement. This is detailed under Regulation 9: Residents Rights below.

Both of the houses were found to be nicely decorated and homely. One of the properties had two areas which required refurbishing to ensure they best met residents' assessed needs. This is detailed under Regulation 17: Premises below.

The inspector found that there were risk management systems in place to ensure that risks were assessed, managed and reviewed on an ongoing basis, including a system for responding to emergencies. There were systems and equipment in place to ensure the ongoing protection of residents and staff against fire. These are detailed under Regulation 28: Fire Precautions below.

Regulation 10: Communication

The inspector reviewed three residents' communication support plans and found that there was guidance available for staff to best support residents who had complex communication support needs. Many of the residents in the centre required staff to know them well to interpret and respond to their communication. The communication passports and plans viewed showed clear information on how each person made choices and decisions, how best to respond and information on other ways the resident communicated feelings such as happiness, tiredness and pain.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector viewed a sample of four activity logs as part of a care plan review. These indicated that residents were supported to engage in meaningful activities in line with their expressed interests. For example, one resident enjoyed looking at trains and they had been supported once a month to go on a train. Another enjoyed going to the cinema and had been supported to go to an 'autism friendly' movie a number of times this year.

It was evident through progress notes and family contact records that residents

were well supported to maintain relationships with family members. A number of residents spent time with family in their family home, while others maintained contact by video calls on a regular basis.

Judgment: Compliant

Regulation 17: Premises

The inspector carried out a walk around of both houses with the person in charge and found that for the most part, the houses were well-suited to residents' needs and that they had ample space for residents to receive visitors, to spend time alone, or in the presence of others. Bedrooms were found to be personalised, and had adequate storage for residents to store their belongings.

In one house, a resident had recently moved out of a small room and this room was now a spare bedroom. This was found to be in a poor state of repair. The flooring was damaged, there were marks on the wall and there was some black spores on the window. The bathroom in this property was identified by a health and social care professional as requiring renovation to ensure it was more accessible, and this remained outstanding. However, the provider was aware of these issues and had secured funding to address them.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider submitted a residents guide prior to the inspection taking place. The inspector reviewed this guide and found that it met regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector viewed the risk management policy, the centre's risk register and risk assessments relating to residents, incidents and accidents and the centre's safety statement. It was evident that significant work had been carried out to ensure that the risk register and associated risk ratings were in line with live risks in each of the houses. A small number of adverse incidents had occurred in the centre. These were found to be documented and reported in line with the provider's policy. The person in charge and person participating in management reviewed these on a monthly

basis to ensure ongoing

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk around of both properties with the person in charge and found that there was fire fighting equipment, emergency lighting and smoke alarms in place. Fire doors were also in place and the inspector noted that door closers had been installed on all fire doors since the last inspection in line with the provider's compliance plan. Fire folders for both properties were reviewed and documentation relating to weekly walk rounds, servicing and maintenance of equipment were in place. Fire drills occurred in both houses, including times when the minimum staffing complement were available. The person in charge maintained oversight of these drills and any issues arising. Where required, drills were repeated to ensure that the measures in place for evacuation remained effective.

Personal emergency evacuation plans were reviewed and in place for all residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents in the centre who required positive behaviour support plans, had these in place. Residents had input from psychiatry and a clinical nurse specialist in behaviour. Residents also had risk assessments relating to behaviours of concern in place. Plans outlined proactive and reactive strategies to enable staff to respond to residents in a supportive and consistent manner. As outlined under Regulation 16, the provider was in the process of developing specific training for staff relating to behaviours of concern to include information on working with people with autism.

There were a number of restrictive practices in place in parts of the designated centre and these were in place for health and safety reasons of residents due to identified risks. Restrictive practice reviews took place and included consideration of residents' rights and the potential for restrictive practices to be reduced. For one restriction which was in place, discussions were ongoing on how best to reduce that restriction while also balancing a high risk associated with the reduction. This required ongoing review to ensure that the reduction, if taken, was proportionate to the risk to ensure that the residents remained safe.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the provider's policy on the safeguarding of vulnerable adults, notifications which had been submitted to the Office of the Chief Inspector in the months prior to the inspection taking place, the safeguarding log and associated documentation. The inspector found that there had been a number of peer-to-peer incidents occurring in the centre. These were documented and reported in line with national policy and safeguarding plans were in place. There were meetings with members of the multidisciplinary team carried out to ensure that appropriate supports were in place for residents who required it. The provider had adapted a room upstairs in one house to facilitate a resident spend time alone where they wished to do so.

The inspector viewed a sample of four intimate and personal care plans. These plans considered communication, consent and preferences relating to support for personal care and daily routines, and gave clear guidance for staff. They were written in a manner which ensured that residents' rights to privacy, dignity and bodily integrity were both upheld and promoted during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

From a review of the residents' questionnaires, care plans, correspondence and from speaking with residents and staff, it was evident that for the most part, residents' rights were recognised, upheld and promoted. This was evident on the day of inspection through observing staff members supporting and responding to residents' daily choices, and respecting their right to privacy. Staff were observed to encourage residents to do things independently such as showing the inspector their rooms and getting their own snacks. Some of the residents had 'rights awareness checklists' carried out which reviewed their access to their personal belongings, to their environment, social opportunities, finances and restrictive interventions. It was evident that residents' rights were considered and discussed as part of reviews relating to restrictive practices.

However, on the day of the inspection, it was evident that one resident's right to information and consultation about the running of the centre were not upheld. The provider had identified that the resident required assessment relating to a possible relocation to another house. However, there had not been any discussions with the resident on their views on living in the centre, or given information on the assessment which was due to commence.

Judgment: Substantially 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	Compliant
Regulation 16: Training and staff development	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 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Woodvale Group - Community Residential Service OSV-0003058

Inspection ID: MON-0034571

Date of inspection: 23/04/2024 & 24/04/2024

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 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:</p> <p>All Contracts of Care will be updated to reflect current changes within the Centre and Easy to Read version of Contracts of Care will be available for all supported individuals.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The PIC/PPIM will ensure that all complaints are documented in a timely manner and that they are being actioned in line with Avista policy. A Complaints log is maintained by PIC and discussed during PIC/PPIM meetings.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has tendered for the bathroom refurbishment in the Centre and will have completed all maintenance in the bedroom of the designated area. The PIC/PPIM will ensure all maintenance needs are escalated to the provider during weekly walkaround of</p>	

Centre.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC/PPIM with support of the Rights Officer will ensure that the person supported is included with regards to decision making that is relevant to them in an appropriate manner.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2024
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	31/07/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of	Substantially Compliant	Yellow	30/06/2024

	his or her complaint and details of the appeals process.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/06/2024
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: the person nominated under paragraph (2)(a) maintains the records specified under paragraph (2)(f).	Substantially Compliant	Yellow	30/06/2024
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to	Substantially Compliant	Yellow	31/07/2024

	decisions about his or her care and support.			
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