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:	Community Residential Service Limerick Group D
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	18 May 2023 and 29 May 2023
Centre ID:	OSV-0003942
Fieldwork ID:	MON-0040121

About the designated centre

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

The centre provides a community residential service to service users with a mild to moderate intellectual disability. The service aim is through a person centred approach to improve the service users' quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community.

The centre comprises three community residential houses which are based in Limerick. In order to support service users based on their needs and preferences, the houses are managed and supported by social care staff and health care assistants who in turn are supported by their social care leader, person in charge and the nurse management team located nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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
Monday 29 May 2023	12:15hrs to 18:00hrs	Deirdre Duggan	Lead
Thursday 18 May 2023	13:25hrs to 21:45hrs	Deirdre Duggan	Lead
Thursday 18 May 2023	13:25hrs to 21:45hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This designated centre was made up of three houses that were home to a total of 11 residents. All of these residents were present on the first day of this inspection. Inspectors met, and had an opportunity to speak, with seven residents. Inspectors also had some opportunities to hear and observe interactions between residents and the staff members who were on duty as they went about their usual routines. Some information was not available to inspectors on the first day of this inspection and a second day was scheduled during which an inspector reviewed this documentation. Inspectors visited all three houses on the first day but spent most of the day in one house. It was observed that all of the houses were homely and overall communal areas were seen to be nicely furnished and well maintained. Each resident had their own bedroom and some of these had en-suite bathrooms

Upon the inspectors' arrival at the first house, the four residents who lived there were initially away from their home attending their day services. As such after holding an introduction meeting to the inspection with the person in charge, inspectors used the initial period in this house to review documentation and speak with some staff members as they came on shift.

Residents were observed and heard to return from their day services while inspectors were present. Some of these residents initially greeted the inspectors before having a meal. The inspector had an opportunity to meet with residents by themselves and also together as a group. At the request of the residents, some of this interaction took place in the presence of the person in charge. When the person in charge left the room to take a phone call, residents consented to continuing this meeting with the inspector. These residents also showed the inspector their bedrooms, which were seen to be nicely personalised in line with their individual preferences and interests. Posters about residents' planned goals were displayed in their bedrooms.

After they had finished their meal, an inspector had a discussion with three of the residents in the sitting room of their home. Each resident had their own style of communication and staff were seen to be familiar with residents' communication support needs. All of these residents said they liked living in the centre. They told the inspector about living in the house and some of the things they liked to do. One resident communicated with the inspector about how they liked going to the pub for a pint, and another resident told the inspector about an upcoming trip to Paris that they were planning to go on later in the year with friends from another designated centre. A resident also told the inspector that they enjoyed visiting their family some weekends. Residents told the inspector they would like a gazebo and a barbeque for the back garden, as they had the previous summer. When asked if they felt safe in the centre, one resident answered that they did. During this conversation, one resident mentioned that at times it could be difficult living with a peer.

Some residents left to attend a planned a yoga session in the evening but on their

return told an inspector that it had been cancelled. These three residents were then seen sitting at the house dining table with some electronic tablet devices. An inspector sat with the residents who talked about their day services, with one resident telling the inspector that they were using their tablet to create a life story. At the suggestion of a staff member present, this resident then told a story from their childhood which also involved another one of the residents. Later, the fourth resident returned to the centre. It was noted that this resident became upset following their return. They were reassured and distracted by staff present. An inspector spoke briefly with this resident and they expressed that they were very unhappy due to another resident not interacting with them as they would have liked. Staff were seen to follow the behaviour support plan in place to respond to responsive behaviours and support all residents in the house.

It was observed that these responsive behaviours appeared to have a negative impact on the other residents in the house, for example, some residents chose to leave the communal areas of the house. An inspector was told about some negative peer-to-peer interactions in the house by a member of staff and residents. For example, the inspector was told one resident had chosen to eat their breakfast in their bedroom that morning and this was referred to by a resident and also by a staff member who had spoken to residents and was aware of this incident. The inspector was told that this was because one resident did not wish to be in the company of another resident due to specific behaviours that they disliked. On the evening of the inspection, one of these residents was visibly upset that they were being "ignored" by the other resident and spoke to the inspector about this. The inspector was told by staff on duty that this type of incident caused tension in the house, occurred regularly, and that the impacts could continue for a couple of days at a time. It was reported that this could also impact a third resident in the centre. A second staff member who was relatively new to the role, told an inspector that they felt residents in this house were safe in their home but that there were some interpersonal relationships between residents that could be difficult for some residents at times.

Staff members on duty in this house were observed and overheard to engage with residents in a pleasant and respectful manner. For example, one staff was supporting a resident with personal care in the resident's bedroom but before entering the room the staff member was overheard asking the resident if was okay to enter with the resident indicating that it was. As inspectors were leaving the first house visited, the atmosphere was generally calm with one resident in the living room, two residents watching some television in another room, and the fourth resident away from the house with a staff member.

When in this house, it was observed that the main bathroom required further cleaning and maintenance. For example, what appeared to be mould was evident around some of the shower basin, and a toilet seat, which was originally coloured white, was worn and discoloured. An inspector was informed that the toilet seat had been replaced by the second day of the inspection. When in the utility room it was seen that a brush used for cleaning the floor was stored in contact with an ironing board used when ironing clean clothes, and two bottles of hand sanitiser had passed their expiry date. A noticeboard in this house contained a variety of information for

residents, staff and visitors about various topics including recognising abuse, complaints and advocacy. However, the inspectors were unable to see information relating to the designated officer, and some information on display in relation to complaints was out-of-date. An inspector was informed during the second day of the inspection that the information relating to the designated officer had been obscured behind other information and that these issues had since been addressed.

Both inspectors visited a second house where four residents also lived. Shortly after their arrival it was indicated to an inspector that one resident had declined to meet the inspectors and so stayed in their bedroom. Another resident warmly greeted inspectors and showed one of them their bedroom which was seen to be personalised and brightly decorated. The resident indicated that they liked their bedroom and was seen to interact jovially with staff members including the person in charge. Shortly afterwards an inspector spoke with this resident and two of the other residents. Overall these three residents indicated they liked their home and told the inspector about some of the things they enjoyed taking part in. They spoke about their day services, trips away, and an upcoming wedding that they were looking forward to attending. There was a positive rapport observed between residents and a regular staff member working with them. When asked if they felt safe in their home, residents confirmed they did, although one resident did make reference to the impact of a peer on one occasion.

Towards the end of the first day of inspection, one of the inspectors briefly visited the centre's third house. On their arrival, the one staff member present indicated that the three residents had gone to bed. The inspector had a discussion with this staff member who indicated that these three residents were temporarily living in this house after an accident in their usual home had resulted in some damage there. As a result some premises works were needed there before residents could return. It was indicated to the inspector that these works had yet to commence but were due to start in the coming weeks. There was some uncertainty as to how long the works would take to complete but the inspector was informed that the three residents were being kept informed of developments. It was also indicated that these three residents were currently doing well and had settled in the house where they were currently staying. These residents were not met during the inspector's time in this house but the inspector did conduct a brief walk-through of the ground floor of this house. It was observed that this part of the house was clean, well-furnished and well-maintained.

Overall, residents met with were observed to be happy in their homes and lived active lives in their communities. Residents were receiving care and support that was in line with their needs and in general this inspection found there was good compliance with the regulations. However, in two of the houses visited, there were ongoing compatibility issues that were impacting on some residents' lived experiences. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service.

Capacity and capability

Management systems in place in this centre ensured that many aspects of the service being provided were appropriate to residents' needs. However, this inspection found that there were ongoing incompatibility issues between some residents and this will be discussed in further detail in the quality and safety section of this report.

This was an unannounced inspection that was carried out following the recent submission of information to the Chief Inspector of Social Services (the chief inspector) regarding the safeguarding of residents in the centre. This inspection was focused on key regulations including those that related to safeguarding, risk management, governance and management, and how specific records were being maintained by the provider.

The person in charge was present on the day of the inspection. This individual presented as very committed to their role and spoke about the efforts that were made to provide a person-centred and responsive service to the residents living there. This individual maintained a strong presence in the centre and was very knowledgeable about the residents and their support needs. Records viewed in the centre showed that a person participating in the management (PPIM) of the centre regularly visited the centre to meet with staff and residents.Team meeting records were viewed. Team meetings in one house had taken place in January and April of this year. Monthly management meetings were taking place. Pertinent information in relation to residents' care and support was seen to be discussed at these meetings.

As required by the regulations, a representative of the provider had recently completed an unannounced visit to the centre. The purpose of these unannounced visits is to review the quality and safety of care and support provided to residents. The findings of the recent visit were documented in a written report which was available for inspectors to review. This report included an action plan to address any issues identified by the representative, and also assigned timeframes and responsibilities for addressing these actions. It was outlined that some paper based actions had been identified. It was indicated that progress was being made in responding to these matters. This visit had specifically assessed safeguarding practices in the centre and identified no areas for improvement in this regard. For example, it was indicated in the report that staff had a good knowledge of how to report any safeguarding concerns. There was no reference to the ongoing peer-to-peer incidents in the centre, or the incompatibility of residents to live together. The findings of this inspection regarding these matters will be discussed in further detail in the quality and safety section of this report.

Records provided on the first day of inspection indicated that the majority of staff employed by the provider had completed relevant safeguarding training but one

staff member had not. On the second day of the inspection, the person in charge provided evidence that this staff member had completed the relevant training since the first day of the inspection. Training records indicated that staff employed by the provider had also completed training in other areas such as fire safety and infection prevention and control.

Some agency staff were also working in this centre. Agency staff are staff sourced from a body external to the provider. In keeping the requirements of the regulations, the provider's responsibilities when agency staff work in a designated centre are the same as those for the staff directly employed by the provider. Accordingly under the regulations, providers are required to ensure that they maintain specific documentation for all staff working a centre. This documentation includes written references, full employment histories, evidence of Garda Síochána (police) vetting, photo identification, and evidence of qualifications and training completed by staff. Providers are also required to make this documentation available to the chief inspector for review. At the inspection's introduction meeting, inspectors requested assurances that all of the required documents were being maintained for agency staff who had worked in the centre. Towards the end of the first day of the inspection, evidence of Garda vetting and some evidence of completed qualifications and training, including safeguarding training, was provided for four agency staff who had recently worked in the centre. Aside from one written reference for one of these agency staff, none of the other documents for these agency staff were provided. It was also noted that there was no evidence provided that any of these staff had completed fire safety training.

As a result of these initial findings, inspectors requested further assurances that all of the required documentation was being maintained for agency staff working in the centre. Staff files for all staff employed by the provider who had worked in the centre during 2023 were also requested to be made available for review during the second day of inspection. An inspector reviewed a sample of these staff files. These were found to contain the required documents and information, as specified in the regulations. The inspector was also provided with documentary evidence confirming that the agencies that provided staff to this centre held evidence on file of all required documents. Inspectors viewed evidence indicating that staff supervisions were occurring in this centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 21: Records

The registered provider had maintained and made available to the Chief Inspector records of the information and documents in relation to staff specified in Schedule 2. There was evidence that the provider was also maintaining records specified in Schedule 3 and Schedule 4 such as records relating to medical treatment,

complaints, staff rosters, and a record of incidents, occurring in the designated centre as specified under Schedule 4.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that an annual review of the centre was completed as appropriate and this included consultation with residents. Unannounced provider visits to the designated centre were occurring and reports outlining any findings were prepared and available to the chief inspector. Overall, management systems in place were ensuring that many aspects of the service provided were appropriate to residents' needs and consistent. However, management systems in place had not adequately identified or addressed the impact of ongoing compatibility issues within the designated centre. This will be addressed under Regulation 5: Individualised assessment and personal plan.

Judgment: Compliant

Quality and safety

Overall, inspectors saw many examples of good quality supports provided to the 11 residents that availed of a residential service in this centre. However, some ongoing incompatibility issues within the centre were negatively impacting on some residents' lived experience. This had not been fully recognised or effectively addressed by the provider.

As mentioned earlier in this report, staff members on duty were observed and overheard to interact with residents in a respectful manner on the first day of inspection. It was highlighted also that one resident was an advocacy representative for the centre. Efforts were made to consult with residents during the person-centred planning process to identify goals for residents. Residents were well informed about the complaints procedures in the centre. Monthly residents meetings were structured to provide residents with opportunities to express their views about the running of the centre and to provide residents with information in relation to numerous topics such as complaints, advocacy, rights, and consent. At the time of first day of this inspection safeguarding was not on the agenda for these meetings. However, the person in charge then included this as an agenda item and showed this to the inspector on the second day.

The provider had a policy for the protection and welfare of vulnerable adults and the management of allegations of abuse. This policy makes reference to the recruitment

procedures and other policies that support the safeguarding of adults that used the service. This policy had been reviewed in July 2022 and outlined specific procedures that were to be followed in the event of any safeguarding concerns arising. To assess if the provider was implementing this policy for any concerns related to this centre, at the outset of this inspection, specific documentation was requested relating to safeguarding notifications that had been submitted for this centre. The requested documentation was not provided by the end of the first day of inspection so inspectors extended the inspection to a second day and requested this information be made available for review. These records showed that the provider was implementing this policy in relation to any identified and reporting safeguarding concerns.

Staff members spoken with during this inspection demonstrated a good awareness of safeguarding, with some outlining potential signs of abuse that they would look out for, and immediate actions they would take to ensure the safety of residents, if required. Overall, the findings of this inspection indicated the provider had good systems in place to respond to safeguarding concerns raised in the centre.

Some good practice was noted in relation to how the provider and the person in charge were responding to safeguarding concerns. For example, following a concern raised for one resident, at a residents' meeting other residents were provided with easy-to-read guidance and information in relation to safeguarding and how to report a concern. Education was provided to residents to support them to maintain positive relationships with their peers and friends. A resident had been provided with accessible information in relation to keeping themselves safe while using specific mobile phone applications. It was also noted that where safeguarding plans were in place, a number of actions to safeguard residents were outlined, including input from multidisciplinary professionals. Staff in one house had also received some specific training in respect of how best to support one resident who presented with responsive behaviours at times.

As referenced previously there were some incompatibility issues in this centre, with some individuals negatively impacting on the lived experience of their peers. It was a finding of the previous inspection of this centre that the provider had assessed that the centre was not appropriate to meet the needs of two residents. Since then, one resident had moved out of this centre. According to documentation viewed in respect of the other resident, there had been a plan for this resident to move to another placement in response to incompatibility between residents and some safeguarding incidents. A resident had also made complaints outlining the impact of their peer's behaviour on them. However, at the time of this inspection, an inspector was told that this was no longer the plan and that the current placement was identified as the most suitable for this resident and it remained under review. It is acknowledged that the person in charge and provider had put in place additional supports, such as multidisciplinary supports, a revised positive behaviour support plan and ongoing education for residents and staff and this had reduced the number of safeguarding incidents that were occurring. However, findings from this inspection indicated that no compatibility assessments had been completed and the provider had not fully assessed the impact of this ongoing living arrangement on this

resident's peers.

For example, five safeguarding concerns had been reported in respect of one resident in the previous seven months. The person causing concern in these incidents was a peer living with them in their home. This peer was also referenced in two safeguarding concerns reported for another resident of this house. These concerns were recorded and safeguarding reporting procedures were followed. However, an inspector saw that the risk assessments completed to inform these safeguarding plans did not reflect the regularity at which these incidents occurred or the impact that they were having on residents. For example this resident was reported to have been very distressed following a recent incident that had been reported but this incident was rated to have a negligible impact with an unlikely chance of re-occurrence.

As outlined in the opening section of this report, the impact of the resident incompatibility in another house was observed by, and reported to, inspectors during this inspection. Staff were aware of the positive behaviour support plans in place and responded in line with these plans. It was clear that efforts were made locally to reduce the impact of some responsive behaviours. For example, staff offered an external activity to one resident who became upset, facilitating residents to spend some time away from each other. As referenced previously, staff reported to an inspector that on the morning of the inspection one resident chose to eat in their room rather than in the communal area due to the behaviour of a peer that could at times be intrusive. During feedback, management of the centre told the inspector that this resident chose to eat breakfast in their room often and this was unrelated to their peer. However, the evidence available to inspectors on the first day of the inspection indicated that on this occasion, this resident chose to eat their breakfast in their bedroom due to the responsive behaviour of another resident. This resident told the inspector that sometimes they found it difficult to live with this peer. Their peer was observed to be visibly and vocally upset during the inspection due to the decision of that resident not to interact with them. Staff in the centre reported that there were ongoing impacts on residents due to the responsive behaviours of this resident. However, the ongoing impact on both residents' wellbeing due to these peer to peer interactions were not being fully documented or addressed at the time of this inspection.

The person in charge told the inspector that residents living in the centre were consulted about their living arrangements regularly and had expressed that they wished to remain living together. The management team who attended the feedback meeting also said this to the inspector. While this was acknowledged, the inspectors' observations, and what staff and residents reported, indicated that current arrangements in the centre did not ensure that residents lived experiences and general well-being were not adversely impacted by their living arrangements. It was noted in one residents multi-disciplinary review that their current living arrangements were suitable and that plans to transition this resident out of the centre were no longer being progressed. However there was no evidence that this decision had taken into account the welfare and wellbeing of the other residents living in that part of the centre.

A sample of residents' personal files were viewed. Residents had in place personal plans and there was evidence that residents were consulted about these. Residents were supported to set and achieve goals that were meaningful to them. Overall, the documentation in place was seen to provide good information to guide staff in supporting residents. An inspector reviewed guidance contained within one resident's personal plan relating to the provision of intimate personal care. Having clear guidance in this area is important to safeguard residents, while also maintaining their dignity and bodily integrity. While guidance for this resident had been recently reviewed, some of this was unclear. On the second day of the inspection the inspector was told that the person in charge had reviewed this support plan and updated it to provide further clarity to staff.

When reviewing other records in the centre an inspector read one entry which indicated that a telephone call between one resident and a relative was put on speaker phone. This allowed the staff member present to listen to this conversation, which did not ensure the resident's privacy. It was not documented why this was done. Staff who worked in this house told inspectors that residents take calls from their relatives in private. Inspectors queried this documented event with management. On the second day of this inspection, following a review of this incident by the provider, an inspector was informed that this had happened as the resident wished to continue to participate in an activity while they took the call.

Regulation 26: Risk management procedures

The registered provider had in place an appropriate risk management policy. This set out how the provider puts in place risk control measures in managing risks. A number of risk assessments were viewed that showed that the provider was actively identifying and managing risk in the centre. There was evidence that there was learning from incidents. Some safeguarding risks had been identified and were risk assessed. Risk assessments in place did not always accurately reflect the ongoing nature and impact of such incidents. This finding is addressed in Regulation 5: Individualised assessment and personal plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for residents that outlined their support needs and goals. Multidisciplinary reviews were occurring to review residents' assessed needs. Accessible information on their personal plans was available to residents. For example, residents had a poster about their individual goals displayed on their

bedroom walls. Suitable arrangements were not in place to meet the needs of all residents. The impact of ongoing compatibility issues among some residents had not been fully assessed and it was not evidenced that there was a full awareness at provider level of the ongoing impact of peer interactions on residents. A risk assessment reviewed did not accurately reflect the frequency or impact of peer to peer incidents that had occurred and although residents had been consulted about the people that they shared their homes with, no formal compatibility assessments had been completed.

Judgment: Substantially compliant

Regulation 8: Protection

Findings of this inspection indicated the provider had systems in place to respond to safeguarding concerns identified in the centre. Some good practice was observed in relation to the efforts taken to keep residents safe. The majority of the staff team had attended appropriate training prior to this inspection. It was identified that an intimate care plan in place required further detail to ensure that staff were provided with appropriate guidance and this was rectified by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents were afforded their rights in this centre. Residents were supported to be active participants in, and access, their local communities. Residents had choices and were consulted with in relation to decisions that involved them. The person in charge presented as committed to ensuring that residents' rights were respected and upheld in this centre and had put in place a number of measures to ensure that residents' voices were heard in relation to the service that was provided to them. There was evidence that consent was obtained from residents in relation to some aspects of their care, such as intimate care. Staff were observed to treat residents with respect. The finding that resident incompatibility was impacting on residents' lived experiences is reflected in the findings regarding Regulation 5: Individualised assessment and personal plan.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises that made up this centre were in a good state of repair, clean and suitably decorated. Some areas of the centre, such as a main bathroom and utility room in one house required attention to ensure that they were appropriately maintained and kept in a clean condition.
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	
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Community Residential Service Limerick Group D OSV-0003942

Inspection ID: MON-0040121

Date of inspection: 18/05/2023 and 29/05/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The PIC has ensured that all personal plans are reflective of residents assessed needs and identify support needs.

Individual preferences and needs assessments have been completed for residents where required and MDT meetings are scheduled to review the assessments in September 2023.

The PIC has ensured a review of communication assessments and plan of care updated, if required, to ensure that the views, wishes and preferences of residents are known.

The registered provider will ensure that residents continue to be supported to ensure their views are sought and that residents feel safe in their home.

Additional staff support has been allocated to the centre at key times where the need was identified.

Psychological supports have been reviewed. An updated support plan has been devised to meet the specific support needs of one resident. A workshop has been facilitated with relevant staff to ensure they are familiar with this plan and further review with staff is scheduled.

Psychiatry support is ongoing, where required, with reviews to monitor the effectiveness of treatment.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider and PIC have ensured that the premises is clean and well maintained.
Kitchen upgrade schedule for completion in one house by end Dec 2023.
Replacement flooring in one house is scheduled for completion by end Jan 2024.
Storage of items in the utility room has been reviewed to prevent cross contamination.
The toilet seat has been replaced.
Expired products have been discarded.

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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/12/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2023