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:	Corrib Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 July 2023
Centre ID:	OSV-0004858
Fieldwork ID:	MON-0035129

About the designated centre

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

Corrib Services is a designated centre that supports residents with a low to moderate intellectual disability. The centre can also support the broader needs of residents including their overall health needs. The centre is comprised of two houses located in residential areas on the outskirts of the city. The houses are in close proximity to each other and the centre is registered to provide accommodation for 11 residents. Each resident has their own bedroom and a large number of these bedrooms have en-suite facilities. Residents share kitchen, dining and living areas and, the gardens. A social model of care is provided in the centre and residents are supported by both social care and support workers. The staff and management skill-mix does provide for nursing input and oversight. A staffing presence is maintained at all times when residents are present and a sleepover arrangement of one staff member is used to support residents during night time hours in each house. Transport is available for residents to access the community and public transport services are located within walking distance of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 July 2023	10:30hrs to 18:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's compliance with the regulations and standards. Overall, the inspector found that residents were supported to enjoy good health and a good quality of life. The provider itself however, through monitoring and oversight of the service was aware of challenges in the service and the impact of these. For example, there were challenges to maintaining staffing levels and skill-mix and there was an absence of compatibility between the residents living in one house.

On arrival at the first house there was one resident at home with their support staff. The other four residents had left for their day service accompanied by another staff member. Across both houses residents had the choice to attend off-site day services so over the course of the day the inspector had the opportunity to meet and speak with six of the nine residents living in the centre. All of these residents extended a warm welcome to the inspector and chatted easily and readily about their day-to-day routines and life in general.

For example, the resident met with in the first house told the inspector that they did not like going to the day service. The staff member was supporting the resident with a manicure and they had made plans to go to the cinema in the afternoon. The resident had a short period of paid employment each week and the resident told the inspector that they enjoyed their job. The resident said that they liked living in the house and they liked their bedroom. The resident gave the inspector permission to view their bedroom. The resident's bedroom was on the first floor of the house and the resident confirmed they had no difficulty accessing the room. The house was spacious and overall it was well maintained. The provider was aware that modifications were needed to better meet the increasing needs of the residents in this house. For example, the ensuite bathrooms were of an older and domestic type and not best suited to needs such as mobility needs or if support was needed from a staff member. The provider confirmed that the works were planned and funding had been agreed.

When the inspector arrived at the second house the two staff members on duty were getting ready for the residents to return from their day service. The inspector gave the residents some time to settle and to have their evening meal. All five residents engaged with the inspector. Four residents had good verbal communication skills and with little prompting or encouragement gave a good account of their life and their plans for the summer. For example, two residents availed of a social farming programme and spoke of the great reception they got each week from the host. One resident said there was always "a great fry" ready for them when they arrived at the farm. One resident using gestures and some vocabulary described how they loved looking after the hens and calves. A resident described how he loved going for his dinner and a pint at the weekend to a nearby hotel with support from staff. Two residents had recently enjoyed a short hotel break with support from a staff member. This trip had obviously been a great

success and there were many smiles and much laughter as photographs of the holiday were shared with the inspector.

Family and home were evidently important to residents as they discussed the plans they had for spending some time at home or on holiday with family members during the summer. There were no restrictions on visits and the inspector noted that while the houses were busy privacy for visits was provided. The provider had invited feedback from families to inform the annual review of the service and the feedback on file was positive. One family member had made an observation on the regular staff changes in the house. Residents had also expressed some dissatisfaction with the staffing levels in the feedback they had provided.The provider confirmed that maintaining staffing levels had been and was an ongoing challenge.

The support observed was informed, kind, respectful and person-centred. There was an evident warm bond between the residents and the staff members on duty. The residents were equally familiar and comfortable with the member of the management team who was on site to support the inspection. Overall, the routines and observations in the houses were positive and as would be found in any busy home. The residents relaxed in their bedrooms after their evening meal; residents could lock their bedroom door if they wished. Residents went into the compact but pleasant rear garden to enjoy a cigarette. One resident confirmed he had a daily allowance of cigarettes. The resident said that he was satisfied with this arrangement as he could not manage or control his smoking himself and understood this was not good for his health. As the inspector was getting ready to leave the house one resident had received a visitor, one resident had returned to their bedroom for a rest and one resident had made himself a cup of tea in the kitchen while a staff member ironed some items of clothing for residents.

It was also evident that residents got on well together on many levels. For example, the residents who had clearly enjoyed a holiday together. A resident also spoke of their concern for a peer who had been unwell the previous weekend. Residents said that they loved living in the house. However, there was an absence of compatibility between residents and this had led to a number of negative incidents in the past year that had been notified to HIQA. There was an active safeguarding plan that included a plan to provide more appropriate accommodation for one resident. This plan was not however actively progressing and consequently the provider was judged to be non-compliant with Regulation 8: Protection.

In summary, this was a good service, the provider was effectively monitoring the service and was aware of issues that were impacting on and limiting the quality and safety of the service. These matters were not however satisfactorily addressed or they did not have a definite timescale for being addressed.

The next two sections of this report will discuss the governance and management arrangements in place and how these impacted on the quality and safety of the service provided.

Capacity and capability

The management structure was clear. What was evident from these inspection findings was the clarity and consistency of what was discussed between the inspector and individual members of the senior and local management teams. This provided assurance that the service was consistently overseen and the governance structure operated as intended.

For example, the person in charge was on planned leave so this inspection was facilitated by their line manager the area manager. There were no gaps in information and the area manager was very informed as to the needs and plans of each resident, what was working well in the service but also the challenges and what needed to improve so as to improve and assure the quality and safety of the service.

For example, the staffing challenges and the impact of them was well documented in reviews such as the annual quality and safety review for 2022 and, the most recent six monthly review completed in June 2023. The provider was also aware of the impact of the absence of compatibility between the needs of residents. However, these matters were not fully addressed and based on these inspection findings there were other areas that needed more consistent oversight such as personal planning with and for residents.

The provider continued to seek to recruit staff and had in the interim engaged the services of a staffing agency. The area manager described the arrangements in place for ensuring agency staff were appropriately trained and Garda vetted.

Staff had been recruited. For example, one staff member the inspector met with had recently been recruited. The staff member discussed the induction they had received and their satisfaction with it. The provider had also engaged specific housekeeping staff so that the frontline support and social care staff has less cleaning duties to attend to. This housekeeping staff member was also met with. Both these staff members while relatively new to the service were familiar with the governance structure, the person in charge and other members of the management team.

The planning of the staff rota sought to ensure consistency of support for residents particularly where there was a reliance on agency staff. However, staffing levels and staff skill-mix were not consistently adequate to meet the assessed needs of the residents.

Regulation 15: Staffing

There were two staff members on duty in each house on the day of inspection. The provider had an ongoing process of recruitment and had been successful in

recruiting some staff. However, management confirmed that there were times in one house when it was still possible that staffing levels could not be adequately maintained. For example, if the provider could not secure relief or agency staff. Up until very recently, the staff skill-mix in one house had included a nursing staff. There was access to nursing advice and support from within the management structure but the current frontline staff skill-mix no longer included nursing staff. The provider was proactive in reviewing and assessing staffing needs. The provider had concluded based on a review of the assessed needs of the residents in this house that notwithstanding the existing deficits further changes were needed to the staffing levels, skill-mix and staffing arrangements to better meet the increasing needs of the residents in this house. The inspector was advised that these changes were agreed and budgeted for and recruitment was ongoing. While there was no evidence of risk or unmet care needs the inspector saw from some of these inspection findings that residents did need more support including nursing support and care than perhaps that currently provided. For example, in relation to their personal care, in relation to supporting them with aspects of their healthcare such as the correct care and maintenance of clinical equipment and, ensuring healthcare and nursing care plans and records such as body weight records were appropriately maintained and updated.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff spoken with confirmed they had completed training such as in safeguarding, manual handling and responding to behaviours that challenged. There were arrangements in place that ensured agency staff had mandatory training completed and they were provided with additional training as appropriate. Staff spoken with were satisfied with the induction they received and described the arrangements put in place while they awaited further specific training. For example, they did not lone work with residents who had specific care requirements until they had completed the required additional training.

Judgment: Compliant

Regulation 21: Records

Based on these inspection findings the provider had in place the records specified in the Regulations and the associated schedules. For example, the provider maintained a record of each person that worked in the service and the hours that they worked. Records of incidents that occurred and the use of any restrictive practice were maintained as were records of the medical and nursing care provided to each resident. Some improvement was needed in the latter and this is addressed in

Regulation 5: Individualised assessment and Personal Plan.

Judgment: Compliant

Regulation 23: Governance and management

The provider had governance and management arrangements in place that largely ensured the service was consistently managed and overseen. For example, the provider had appointed appropriate persons to participate in the management of the service. The provider had also completed the action it said it would in response to previous HIQA inspection findings. This had improved the quality and safety of the service. There was evidently good communication between the staff, front-line and senior management teams. The centre presented as adequately resourced. For example, the inspector was advised that the staff deficits were not funding related but rather related to unsuccessful recruitment campaigns. The six-monthly reviews of the quality and safety of the service were completed on schedule. These and the annual review of the service sought feedback from residents, staff members and residents' representatives. Staff were evidently supported to raise any concerns that they had. These reviews transparently reported where matters such as staffing deficits had impacted on the quality and safety of the service so the provider itself was aware of the improvement that was needed. However, while the provider had corrective plans in place matters that impacted on the quality and safety of the service were not satisfactorily resolved.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents were provided with a contract for the provision of services. The contract set out the service to be provided and any fees and charges that were applicable. The contact was signed as agreed between the provider and the resident.

Judgment: Compliant

Quality and safety

Based on what the inspector observed, discussed with management and staff and, the feedback provided by the residents met with, residents were supported to enjoy good health and a good quality of life closely connected to family and the wider

community. The provider was proactively planning for the changing and increasing needs of the residents. However, risk was created by the absence of compatibility between the needs of the residents living together in one house.

The provider was in the process of transferring each resident's personal plan from hard to soft copy format. The inspector reviewed a sample of both the hard and soft copy plans and found work was still needed to finalise this process as all of the plans were not up-to-date. Staff had reported during the most recent internal review that they found it challenging to keep these records updated in the context of the staffing deficits that had occurred.

There was evidence of good multi-disciplinary (MDT) input from both internal and external resources that informed the care and support provided to each resident. For example, psychiatry and behaviour support were available internally and they had regular input into the positive behaviour support plans. Staff and management described for example how the administration of medicines including medicines that were administered on an as needed basis as part of those plans was monitored, reviewed and amended as needed. The resident was consulted with in relation to the use of these medicines.

Staff described how these medicine administration changes, additional staffing levels throughout the week and, ensuring in so far as possible consistency of staffing, helped to reduce the risk of escalated behaviour. Residents also attended different day services which meant they were not always together. The provider had also reduced the occupancy of this house as committed to in their previous compliance plan response. Staff described how this reduced occupancy had positively impacted on all of the residents and one resident in particular. Staff described how safeguarding, staying safe and respect for each other was discussed with residents at their house meetings. However, despite these interventions there was an ongoing absence of compatibility between the remaining residents which meant there was an ongoing risk for peer-to-peer incidents. The provider had a safeguarding plan and staff spoken with were aware of the plan and the safeguarding reporting procedures.

There were processes in place in both houses for the identification and management or risks. The sample of risk assessments reviewed were up-to-date and controls to manage the risks were evident in practice. For example, the provision of devices to alert staff as part of a falls management plan and devices that allowed the resident to monitor their own blood glucose levels while also ensuring the staff team had oversight. However, a better link was needed between the actual risk assessments and the occurrence of incidents.

Each house was fitted with fire safety arrangements such as a fire detection and alarm system, emergency lighting and fire-fighting equipment. The inspector was advised that the planned refurbishment works included the upgrading of the existing fire doors. Staff and residents participated in regular simulated evacuation drills and the reports of these drills indicated that residents could be evacuated even with minimum staffing levels. However, the use of the space under the stairs in one

house for storage required review.

There was some evidence that staffing deficits had impacted on the opportunities residents had for activities and engagement. Resident's had included this in the feedback they had provided to inform the annual review of the service. For example, one resident said that they had been unable to attend bowling and another resident said that they could not stay at home if this was their preference due to insufficient staffing. However, there was also much evidence that the provider and the staff team sought to limit this impact and residents were supported to progress and achieve their personal goals and objectives.

Residents were supported to access, enjoy and benefit from their personal finances. For example, residents told the inspector how much they enjoyed eating out and going on holidays with support from staff. However, given that residents had been assessed as requiring support from staff to manage their personal monies, the provider did need to review and strengthen some of the arrangements in place for the management of resident's personal monies.

Regulation 10: Communication

The residents met with were effective communicators. Where there were communication differences the inspector observed no barriers to communication between the resident and staff members. Residents had access to a range of media. Staff spoken with were aware of the importance of communication and how to communicate with regard to positive behaviour support strategies.

Judgment: Compliant

Regulation 11: Visits

As appropriate to their individual circumstances residents had ongoing access to home and family. Planned visits or planned holidays with family and the importance of these was a topic residents discussed with the inspector. There were no restrictions on visits and privacy if needed or preferred was provided.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector reviewed and discussed a sample of financial records where residents received support from staff to manage their finances. Each resident did have their

own bank account. Staff maintained a record of each transaction, the nature and purpose of that transaction and supporting receipts and invoices. Balances were reconciled each day. Senior management confirmed that they sanctioned larger expenditures. However, with regard to larger and at times substantial expenditures the provider could not adequately evidence what choices the resident had been offered or what understanding the resident had of the expenditure involved. More explicit plans, agreements and budgets were needed for projects such as the refurbishment of residents' bedrooms. These improved arrangements were needed to ensure that it was recorded and demonstrated that decisions on spending considered the residents resources, the necessity and the benefit to the resident of the spending and, the residents role, input, understanding and informed consent to such spending.

Judgment: Substantially compliant

Regulation 13: General welfare and development

While staffing levels had and did present some challenges it was evident from these inspection findings and the residents spoken with, that residents with happy with the opportunities they had for meaningful engagement. Access to their day services was re-established following COVID-19 restrictions and in their day services residents engaged in a range of programmes and activities that reflected their interests and that they enjoyed. The staff team supported residents to access local amenities and to enjoy holidays. For example, one resident had recently enjoyed a trip to Rome supported by a staff member. Residents were supported to maintain their personal relationships and friendships.

Judgment: Compliant

Regulation 26: Risk management procedures

The sample of risk assessments reviewed were up-to-date and were resident and centre specific. However, the review of the risk assessments needed to better reflect the consideration of the occurrence or not of related incidents. For example, when there was a peer-to-peer incident. This was needed to reflect the learning from such incidents and to assure the adequacy or not of the existing controls.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the provider had the necessary fire safety arrangements and good oversight was maintained of these arrangements. For example, records indicated equipment such as the fire detection and alarm system was inspected and tested at the prescribed intervals. However, the space under the stairs in one house was used to store a quantity of potentially flammable items.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider was in the process of uploading each residents personal plan into an electronic format from the existing hard copy format. The inspector reviewed both the hard and soft copy formats. Based on the sample seen a review of the status of this changeover process was needed as with the exception of the personal outcomes section of the plan the updating of the plans was inconsistent and did not appear to be up-to-date. The most recent updates and changes noted were from January 2023 but this was not consistent across all aspects of the plan.

Judgment: Substantially compliant

Regulation 6: Health care

As discussed above some records including healthcare plans did not present as up-to-date. However, based on what the inspector discussed with management, staff and residents and, other records seen, resident health and well-being was consistently monitored and residents had access to the clinicians and services that they needed. Some residents had complex health needs and were supported to manage aspects of their healthcare needs. However, given the complexity of these needs there were agreed controls in place so that staff also had monitoring oversight. The provider was aware that the needs of some residents were increasing and changes to the arrangements in place were needed in response. These planned changes and the adequacy of the current arrangements have been discussed in Regulation 15: Staffing .

Judgment: Compliant

Regulation 7: Positive behavioural support

There were times when residents when challenged to cope with certain events and

could exhibit behaviour that challenged and posed a risk to others including their peers and the staff team. Residents had access to the behaviour support team and their psychiatrist. Positive behaviour support plans were in place to guide staff practice. Staff spoken with described matters that could act as a trigger for behaviour. There were procedures for the clinical monitoring of chemical interventions. A staff spoken with confirmed that they had completed training in de-escalation and intervention techniques. Residents were consulted with in relation to interventions and restrictions and could explain to the inspector their understanding of and their agreement with restrictions.

Judgment: Compliant

Regulation 8: Protection

In response to a previous pattern of peer-to-peer incidents in one house the provider had reduced the number of residents that could be accommodated in the house from six to five residents. However, while this was reported to have improved the safety of the service there was a further and ongoing absence of compatibility between the remaining five residents. This absence of compatibility has led to negative peer-to-peer incidents up to and including the physical hitting of peers some of whom were of a much older profile. The provider had an open risk, an open and active safeguarding plan and a plan agreed with the MDT than a service better suited to the needs and abilities of one resident was needed to resolve this safeguarding risk. The provider had explored alternatives but these were ultimately assessed as unsuitable. The relocation plan was described in the safeguarding plan as "stalled" meaning there was an ongoing risk of psychological and physical harm to residents.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Corrib Services OSV-0004858

Inspection ID: MON-0035129

Date of inspection: 18/07/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A business case was carried out to address the changing needs and requirements of the persons supported, from this there has been agreement to advertise the vacant Team Leader position as a Clinical Nurse Manager 1 post. In addition to this a nursing post will be moved to this location. Previous to the inspection a plan to change the night support in the house from a sleepover staff at night to waking night staff had been agreed these posts where advertised and interviewed for in May and are still in the recruitment process. To address the healthcare needs including the care planning, we will utilize available nursing supports from another area to support appointments and follow up care. In addition to this we will refer to advanced nurse practitioners employed by the provider for support in care planning for specific identified needs.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To comply the provider will continue to try to recruit the vacant positions with an appropriate skill mix, we will continue to advertise the posts. Until the post are filled we will continue to liaise with multiple agencies to find the most appropriate staff available. However this does not provide for consistency, continuity or a person centered service as it is dependent on the availability of the agency staff. The PIC will review and update the risk assessment in relation to appropriate staffing and how the deficits impact on the quality and safety of the service and escalate to senior	

management and human resources.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The expenditure in relation to the refurbishment of a bedroom was identified as the individuals wish in his personal outcome planning. However clearer documentation is required in regard to the sanctioning and decision making process. In future the PIC and the team leader will maintain documentation as outlined in the new policy 'Procedure to support adults supported by the services in managing their money'.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The current risk assessment will be updated to make clear reference to the identified risks arising from living with a group of individuals with mental health comorbidities.
The risk assessment will be reviewed on a continual basis at safeguarding reviews going forward, the learning identified at these reviews will be documented and reflected in the risk assessment.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The storage space under the stairs will no longer be use for the storage. Alternative storage areas have been identified.

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:
A key worker will be identified for each individual to correlate their documentation and update as required. Where appropriate staff are not available support nurses will give guidance to support workers.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The provider plans to meet with the designated officer and subsequently the multi-disciplinary team to identify and develop a plan which as far as possible protects the individuals in instances where their peer is a risk to them physically or psychologically.

To ensure the protection of the persons supported one individual may be more suitable for an apartment style living. Viable options to be explored by the provider however there is significant barriers to achieving this as the individual does not want to move from their home.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	17/08/2023
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	29/02/2024
Regulation 15(2)	The registered provider shall	Substantially Compliant	Yellow	29/02/2024

	ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	29/02/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(2)(b)(ii)	The registered provider shall	Substantially Compliant	Yellow	17/08/2023

	make adequate arrangements for reviewing fire precautions.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	08/01/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	08/01/2024